

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 18 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105656

1. Corporation Name

JFL VENTURES, INC

2. Principal Office Address

8 Winslow Place

Suite, Apt. #, etc.

3. Mailing Office Address

8 Winslow Place

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

Country

USA

City & State

Longboat Key, FL

Zip

34228

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 1, 2001

5. FEI Number

65-1149098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan Rosefielde

Street Address (P.O. Box Number is Not Acceptable)

2135 Lake Ave

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

12/09/2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Joseph F Lattuga	8 Winslow Place	Longboat Key, FL 34228
S	Deborah Z Lattuga	8 Winslow Place	Longboat key, FL 34228

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joseph F Lattuga 12/09/02 609 343-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/91)