

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -5 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000115182**

1. Corporation Name

H. JORDAN, INC.

2. Principal Office Address

108 SIENA OAKS CIRCLE WEST

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

3. Mailing Office Address

(same as #2)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/2001

5. FEI Number

☒ 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

HERMAN JORDAN

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

108 SIENA OAKS CIRCLE WEST

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Herman Jordan Jr.
REGISTERED AGENT MUST SIGN

Date **6/24/05**

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, D, S, I	HERMAN JORDAN	108 Sienna Oaks Circle West Palm Beach Gardens, FL 33410	Palm Beach Gardens Florida 33410

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:

Herman Jordan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMAN JORDAN, PRES

Date

Daytime Phone #

561-436-5802

CR2E081 (01/05)

282

M. CHRIS EDWARDS, P.A.

ATTORNEYS AT LAW

1001 NORTH U.S. HIGHWAY ONE, SUITE 400
JUPITER, FLORIDA 33477
TELEPHONE: (561) 743-0480
FACSIMILE: (561) 743-0046

OF COUNSEL:

BLOCK & COLUCCI, P.A.
LAW OFFICES OF LAWRENCE W. DUFFY

June 24, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: H. Jordan, Inc.
Document # P01000115182

Dear Sir/Madam:

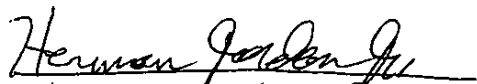
Pursuant to my conversation with the reinstatement department on June 23, I am submitting herein an application for the reinstatement of the above-referenced corporation, together with a copy of the application for Employer Identification Number and a check in the amount of \$600.00 made payable to the Florida Department of State. I confirmed the above fee with your office who agreed to accept the amount of \$600.00 for reinstatement since my client moved location in their first year of operation and never received notifications from the Department of State for the annual fees that were due.

Please reinstate my client and update their corporate information. Of course, if you have any questions concerning the contents of this letter, or the enclosed documents, please do not hesitate to contact my office.

Very Truly Yours,


M. Chris Edwards

The information in this letter is correct and accurate.


Herman Jordan, Jr., President
of H. Jordan, Inc.