

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000006976**

1. Corporation Name

**JERICO REALTY AND INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD SUITE 500  
NORTH MIAMI FL 33181

12550 BISCAYNE BLVD SUITE 500  
NORTH MIAMI FL 33181

REINSTATEMENT 03



400024212754  
10/28/03--01061--003 \*\*750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ERIC JACOBS	12550 Biscayne Blvd. Suite 405	North Miami, FL 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, ERIC A ESQ  
LAW OFFICES OF ERIC A. JACOBS PA  
12550 BISCAYNE BLVD SUITE 500  
NORTH MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

11. 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:

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03  
Date

305 895 1313  
Daytime Phone #