

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019441

1. Corporation Name

JAY'S KITCHEN, INC.

**REINSTATEMENT 2003**

000023963150  
10/21/03--01030--022 \*\*750.00

2. Principal Office Address

8336 W. OAKLAND PARK BLVD

3. Mailing Office Address

1360 NW 79 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FLA

City & State

PLANTATION, FLA

Zip

33351

Country

USA

Zip

33322

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

02-0547086

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

ADRIAN SAMAROO

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

1360 NW 79 AVE

Suite, Apt. #, Etc.

City

PLANTATION - FLORIDA 33322

State

FL

Zip Code

33322

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

[Signature]

Date 10/15/03

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
<u>PRES</u>	<u>ADRIAN SAMAROO</u>	<u>1360 NW 79 AVE.</u>	<u>PLANTATION, FL 33322</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03  
Date

Daytime Phone #

CR2E081 (10/02)