

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000020559

1. Corporation Name

JONZ & CO. INC.

2. Principal Office Address

7445 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33463

Country

PALM BEACH

3. Mailing Office Address

7445 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33463

Country

PALM BEACH

800024101268

10/27/03--01006-024\*\*158.75

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

2002

5. FEI Number

72-1327735

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

JOHN CERULLI

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

179 CITRUS AVE.

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

John Cerulli

Date

10/13/03

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
PRES.	JOHN CERULLI	179 CITRUS AVE	BOYNTON BEACH, FL. 33436
V-PRES	JOHN ABBUHL	179 CITRUS AVE	BOYNTON BEACH, FL. 33436

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:

John Cerulli JOHN CERULLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

561-868-4567

CR2E081 (10/02)

10/13/03

JONZ & CO INC

7445 MILITARY TRAIL

LAKE WORTH, FL 33463

561-868-4567

ENCLOSED FIND CHECK FOR 150.00

TO REINSTATE CORP. JONZ & CO INC.

WE HAVE NOT REC'D ANY NOTICES

PRIOR TO THIS APPLICATION THIS

PAST YEAR, ALSO \$8.75 ADDITIONAL FEE.

TOTAL CK \$158.75

SINCEBY,

*John Cerulli*