

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 NOV 26 AM 10:45/50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021155

1. Corporation Name

JENNAROSS FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

600 CORPORATE DRIVE
2ND FLOOR
FT. LAUDERDALE FL 33334

20832 SAN SIMEON WAY
#61
NORTH MIAMI BEACH FL 33179

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

2. New Principal Office Address, If Applicable

2300 Glades Rd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

Boca Raton, FL

City & State

Zip

33431

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. FEI Number

753025786

Applied For

Not Applicable

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	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	JACK S. Bernstein	20832 SAN SIMEON WY #61	N.M.B., FL 33179

100024337451

10/31/03--01080--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNSTEIN, JACK S
600 CORPORATE DRIVE
SUITE 200
FT. LAUDERDALE FL 33334

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jack S. Bernstein
REGISTERED AGENT MUST SIGN

Date 10/27/03

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:

Jack S. Bernstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03 786-306-4205
Date Daytime Phone #

JennaRoss Financial Services, Inc.

October 28, 2003

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

Glenda:

I am writing you this letter to ask for forgiveness.

If I had a great excuse like the dog ate it or the hurricane blew it out of the mailbox, I'd use them if they were the truth!

However, it's just a plain ole' screw up / Oversight! Honestly, I just don't recall seeing the original and didn't realize what I needed to do as a new business owner...

So, I ask for mercy as a small (New) business. PLEASE accept my check for \$150 and waive the reinstatement fee.

I promise not to be overdue for next year.

If you'd like to speak with me, please feel free to contact me at anytime. 786-306-4205

Sincerely,



Jack S. Bernstein

PS - If you cannot waive the fee, please return my check. Unfortunately, I will not be able to get reinstated for the \$600.