

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # P02000029546

1. Corporation Name

JACYN ENTERPRISES, INC.

Principal Place of Business

2480 NORTH ANDREWS AVENUE  
SUITE A  
WILTON MANORS FL 33311

Mailing Address

2480 NORTH ANDREWS AVENUE  
SUITE A  
WILTON MANORS FL 33311

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/2002

5. FEI Number

04 3621796

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	JACOBS, CYNTHIA D	2480 NORTH ANDREWS AVENUE SUITE	WILTON MANORS FL 33311
VTD	JACOBS, JACQUELYN L	2480 NORTH ANDREWS AVENUE SUITE	WILTON MANORS FL 33311

2000025259782  
12/05/03--01055--002 \*\*150.00

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145~~

9. Name and Address of New Registered Agent

Name

Cynthia D. Jacobs

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

2480 N. Andrews Avenue

Suite, Apt. #, Etc.

Suite A

City

Wilton Manors

State

FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date

12/3/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/03

Daytime Phone #

954-423-8714  
954-296-4737

CR2E040 (7/03)

282

**JACYN ENTERPRISES, INC.**  
**2480 NORTH ANDREWS AVENUE**  
**SUITE A**  
**WILTON MANORS, FLORIDA 33311**  
**954-423-8714**

November 25, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Jacyn Enterprises, Inc.  
Reinstatement

Dear Sir/Madam:

We are in receipt of the notice from your office regarding the dissolution of the above named corporation. We understand that a fee is to be paid to reinstate the corporation. Enclosed is a check in the amount of \$150.00. We did not receive the notices prior to this one. For some reason the notices were sent to the attorney that set up this corporation.

This corporation has been inactive since its inception but we would like to keep it open for future business.

Please accept this fee and the signed application to reinstate this corporation as it was. Thank you in advance for your cooperation in this matter.

Sincerely,

Cynthia Jacobs  
President

Enclosures

