

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 -3 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033309

1. Corporation Name

JC SOLUTIONS, INC.

Principal Place of Business

Mailing Address

4345 BANYAN TRAILS DR
COCONUT CREEK FL 33073

4345 BANYAN TRAILS DR
COCONUT CREEK FL 33073

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

03/21/2002

5. FEI Number

043715562

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
President	Janice James	4345 Banyan Trails Dr.	Coconut Creek, FL 33069

000023863730
10/16/03--01087--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES, JANICE
4345 BANYAN TRAILS DR
COCONUT CREEK FL 33073

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 (954) 461-6080

CR2E040 (7/03)

JC SOLUTIONS, INC

4345 Banyan Trails Drive
Coconut Creek, FL 33073
(954)461-6080

10/13/03

To: Florida Department of State
Re: Document #P02000033309
JC Solutions, Inc

To Whom It May Concern:

With regards to the document titled: Notice of Administrative Dissolution or Revocation. I surprised to have received this notification.

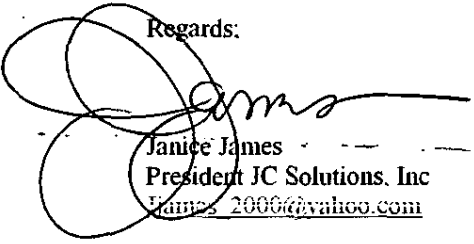
When my Company was formed all relevant documents were prepared by my Accountant. It appears to me now that this particular form called a UBR is something that must be filed yearly. I apologize as I was not aware of this requirement.

Since the 2002 form was filed for me, I just assumed that it was a one time filing fee as part of my Incorporation process. Since that time I have not received any further correspondence from the Florida Department of State.

Please accept my apology for any inconvenience that I may have caused with regards to this matter. I will fill out the reinstatement documents as requested by instructions provided. I will enclose the appropriate fee of 150.00 dollars.

If you have any questions please feel free to contact me at any time. I thank you for your understanding with regards to this situation.

Regards:



Janice James
President JC Solutions, Inc
Janice_2000@yahoo.com