

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -6 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000042870*

1. Corporation Name

*JCAB Marketing, Inc.*

**REINSTATEMENT 03-10**

400181713104  
06/04/10--01034--020 \*\*1200.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
*10120 SW 16th Pl*

Suite, Apt. #, etc.

City & State  
*Davie, FL*

Zip Country  
*33324 United States*

3. Mailing Office Address  
*10120 SW 16th Pl*

Suite, Apt. #, etc.

City & State  
*Davie, FL*

Zip Country  
*33324 United States*

4. Date Incorporated or Qualified To Do Business in Florida *4/19/2002*

5. FEI Number  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 *Jill R. Ginsberg*  
Street Address (P.O. Box Number is Not Acceptable) *401 E Las Olas Blvd*  
Suite, Apt. #, Etc. *Suite 1400*  
City *Ft. Lauderdale* State *FL* Zip Code *33301*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *4-13-10*  
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
<i>D</i>	<i>Welsh, Jeffrey</i>	<i>10120 SW 16th Pl</i>	<i>Davie, FL 33324</i>
<i>D</i>	<i>Welsh, Claddie B</i>	<i>10120 SW 16th Pl</i>	<i>Davie, FL 33324</i>

10. E-mail Address: *admira117@mac.com*

(To be used for future annual report notification)

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. I further certify, 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]* Date *6/1/2010* 954-649-2611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #