

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000048891**

**1. Corporation Name**

JNR ENTERPRISES, INC. NO.1

2904 S ORANGE BLOSSOM TRAIL  
2904 S ORANGE BLOSSOM TRAIL

**2. Principal Office Address**

2904 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32805

Country

**3. Mailing Office Address**

2904 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32805

Country

**REINSTATEMENT 03-04**

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

**5. FEI Number**

22-386-7079

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

PATEL, JITENDRA

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

2904 SOUTH ORANGE BLOSSOM TRAIL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

200039067062

07/13/04--01059--016 \*\*\$90.00

**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

REGISTERED AGENT MUST SIGN

Date

6/29/04

**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
PT	PATEL, JITENDRA	2904 S ORANGE BLOSSOM TRAIL	ORLANDO, FL 32805
S	PATEL, SAROJ	2904 S ORANGE BLOSSOM TRAIL	ORLANDO, FL 32805

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JITENDRA PATEL

Date

6-29-04

Daytime Phone #

CR2E081 (01/04)