

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APR 2004

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

FILED  
04 APR 26 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050645

1. Corporation Name

J.J.R. ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5368 N.W. 84TH TERRACE  
CORAL SPRINGS FL 33067

5368 N.W. 84TH TERRACE  
CORAL SPRINGS FL 33067



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

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
PD	JAKUBOWICZ, JOSEPH	5368 N.W. 84TH TERRACE	CORAL SPRINGS FL 33067
SVTD	JAKUBOWICZ, JUDITH	5368 N.W. 84TH TERRACE	CORAL SPRINGS FL 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAKUBOWICZ, JOSEPH  
5368 N.W. 84TH TERRACE  
CORAL SPRINGS FL 33067

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

REGISTERED AGENT MUST SIGN

Date

4/24/04

11. I certify that I am an officer or director of 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)(l), 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:

JOSEPH JAKUBOWICZ

Date

Daytime Phone #

4/24/04 954-344-8181

CR2040 (7/03)