

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

JD FINANCIAL SERVICES

PO2000053280 INC

REINSTATEMENT 03-04

2. Principal Office Address

12689 57TH RD N

Suite, Apt. #, etc.

3. Mailing Office Address

12689 57TH RD N

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

Country

33411

City & State

ROYAL PALM BEACH, FL

Zip

Country

33411

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 31 2002

5. FEI Number

27-0017766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACQUES DUVERGER

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

12689 57TH RD N

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH, FL

State

FL

Zip Code

33411

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

JACQUES DUVERGER

REGISTERED AGENT MUST SIGN

Date 01/05/03

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
P	JACQUES DUVERGER	12689 57TH RD N	ROYAL PALM BEACH FLORIDA 33411

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)(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: JACQUES DUVERGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/05/03

Daytime Phone #

561-3836848

CR2081 (10/02)