

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 6:34

DOCUMENT # P02000055536

1. Corporation Name

J.P.C.A., INC.

REINSTATEMENT 03-04

2. Principal Office Address

14290 WEST DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

14290 WEST DIXIE HWY

Suite, Apt. #, etc.

City & State

N.ORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33161

Country

DADE

Zip

33161

Country

DADE

000031280710

03/26/04--01086--001 **150.00

4. Date Incorporated or Qualified

To Do Business in Florida 05/20/2002

5. FEI Number

71-0886312

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

ALBERT PASCAL

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

14290 WEST DIXIE HWY

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33161

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 03/12/2004

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
D	ALBERT PASCAL	14290 WEST DIXIE HWY	N. MIAMI FL 33161
D	JESSIE ALBERT, MARIE ROSE	14290 WEST DIXIE HWY	N. MIAMI FL 33161
D	JEAM, JEAME	14290 WEST DIXIE HWY	N.MIAI FL 33131

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

03/12/2004

Date

305-895-3335

Daytime Phone #

CP2E081 (01/04)

KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd, Suite 416
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

March 12/2004

Department Of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: J.C.P.A., INC
DOCUMENT # P02000055536

Dears Sirs, Reinstatement Section

The above referenced corporation has never received any notices before at all. We are enclosing the Corporation Reinstatement form along with the check in the amount of \$ 150.00 fee . Please accept this annual report as **reinstatement for the year 2003**

Although we would like to verify the address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely


Andre K Kattoura

Enclosure

Check 1104 \$ 150,00 Fee.
Annual Report Form

final balance