

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 AM 8:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000062713**

1. Corporation Name

JEN-HAM FOOD CO., INC.

Principal Place of Business

Mailing Address

926 FAY BLVD
COCOA FL 32927-8726

926 FAY BLVD
COCOA FL 32927-8726



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

526 BREVARD AVE

COCOA, FLORIDA

32922 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2002

5. FEI Number

13-4203592

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JEN-LEE, ROBERT	926 FAY BLVD	COCOA FL 32927
D	JEN, HERMINIA	926 FAY BLVD	COCOA FL 32927

400023914784
10/17/03 01089 008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEN, HERMINIA
926 FAY BLVD
COCOA FL 32927-8726

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Jen-Ham Food Co., Inc
926 Fay Blvd
Cocoa, FL. 32927-8726

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Section

We have received your correspondence regarding the need to apply to reinstate our corporation.

We incorporated on June 6, 2002. Our Federal ID Number is 13-4203592. This is our first time incorporating a business.

This is the first notice that we received on this matter. We spoke with your office today, and were told that there were two prior notices sent to us to file an annual report. We did not receive either notice.

To prevent this from happening in the future, we are changing the mailing address to our CPA's office. The new mailing address is:

Jen-Ham Food Co. Inc.
c/o Ken Harris & Associates, PA
526 Brevard Ave
Cocoa, FL 32922

Since we did not receive any of the prior notices, and since the omission of filing the annual report was not intentional, we respectfully request that your office abate the reinstatement fee, accept our check in the amount of \$150.00 and reinstate our corporation.

Sincerely,



RECEIVED
DIVISION OF CORPORATIONS
JAN 10 2003

RECEIVED
DIVISION OF CORPORATIONS
JAN 10 2003