

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -2 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000091226**

1. Corporation Name

**JIFFF Enterprises, Inc**

2. Principal Office Address

**4613 NW 8th Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**4613 NW 8th Ave**

Suite, Apt. #, etc.

City & State

**OAKLAND PARK FL**

City & State

**OAKLAND PARK FL**

Zip

**33309**

Country

Zip

**33309**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/22/2002**

5. FEI Number

**42-1547318**

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

**CHARLES SCHER**

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

**7700 Congress Ave, STE 1105**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33487**

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

**CHARLES SCHER**

REGISTERED AGENT MUST SIGN

Date **11-29-04**

**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
<b>P</b>	<b>EDWARDS, William A JR.</b>	<b>4613 NW 8th Ave</b>	<b>OAKLAND PARK, FL 33309</b>

3010043126553  
12/02/04--01028--006 \*\*300.00

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:

**W. EDWARDS JR**

**W. EDWARDS JR**

**11-29-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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W. EDWARDS JR

11-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2081 (01/04)

**JIFFF ENTERPRISES, INC.**

4613 NW 8<sup>th</sup> Avenue  
Oakland Park, FL 33309

November 29, 2004

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

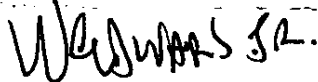
Dear Sir:

Re: JIFFF Enterprises Inc. P02000091226

The registered agent for the above corporation changed his address in January 2003. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$300.00 for the 2003 and 2004 years and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

A handwritten signature in black ink, appearing to read "W Edwards Jr.", is written over a horizontal line.

William A Edwards Jr.  
President