

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000122852**

1. Corporation Name

JBRC COMPANY, INC.

Principal Place of Business

12640 SW 189TH ST.
MIAMI FL 33177

Mailing Address

12640 SW 189TH ST.
MIAMI FL 33177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

57-1140727

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
D	ROACHE, TREVOR	12640 SW 189TH ST.	MIAMI FL 33177
D	FRECKLETON, BILL	12640 SW 189TH ST.	MIAMI FL 33177
D	JACOBS, ALFRED	12640 SW 189TH ST.	MIAMI FL 33177
D	SHILLINFORD, JEFFREY	12640 SW 189TH ST.	MIAMI FL 33177

800025046218
11/25/03--01059--001 **150.00

8. Name and Address of Current Registered Agent

MICHEL O. WEISZ, P.A.
9350 S. DIXIE HWY., SUITE 1500
MIAMI FL 33156

9. Name and Address of New Registered Agent

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

Michel O. Weisz

REGISTERED AGENT MUST SIGN

Date 10/31/03

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:

Trevor Roache **TREVOR ROACHE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-31-03

Date

Daytime Phone #

FILED

03 NOV 26 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003 WOP

CR20040 (7/03)

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DIVISION OF CORPORATIONS
ANNUAL REPORT/ REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE FL.

JBRC COMPANY INC.
12640 SW 189TH ST.
Miami FL. 33177
10-31-03

TO WHOM IT MAY CONCERN

DEAR SIR MADAM,

THIS IS TO IMFORM YOU THAT WE HAVE NOT
RECEIVE OUR ANNUAL REPORT NOTICE (UBR) FOR THE YEAR 2003 . BEING
A NEW CORPORATION, WE WERE OF THE OPENION THAT REPORT WAS
DUE ONE YEAR AFTER INCORPORATION .

AS STATED IN THE REINSTATEMENT FORM . BECAUSE WE DID NOT
RECEIVED THIS NOTICE AT ALL WE ARE THEREFORE REQUESTING THAT
ANY PANALTY ACCRUING TO THIS COMPANY BE WAIVED.



TREVOR ROACHE (DIRECTOR)