

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 JUN 16 AM 8:00

DOCUMENT # P02000135173

1. Corporation Name

JENNARONI ENTERPRISES INC
410 RICHARD OXMAN
12397-1 PEMBROKE ROAD
PEMBROKE PINES, FLORIDA 33205

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

REINSTATEMENT 03-04
MRD

500035807975
05/10/04--01050--018 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/02

5. FEI Number

☒ 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

RICHARD OXMAN

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

3015 NORTH OCEAN BLVD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code
33308

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

Richard M. Oxman

REGISTERED AGENT MUST SIGN

Date 6-14-04

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
P	RICHARD OXMAN	3015 NORTH OCEAN BLVD	FT LAUDERDALE, FL 33308

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:

Richard M. Oxman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04
Date

954 272-
0640
Daytime Phone #