

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JAN -4 PM 12:28

DOCUMENT # P03000009564

1. Corporation Name

JIF ENTERPRISES INC

400189429914  
01/04/11--01049--014 \*\*750.00

2. Principal Office Address - No P.O. Box #

6677 SOUTHPORT DR

Suite, Apt. #, etc.

3. Mailing Office Address

6677 SOUTHPORT DR

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL.

City & State

BOYNTON BEACH FL

Zip

33472

Country

PALM BEACH

Zip

33472

Country

PALM BEACH

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
41-3277339

☐ 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

JOSEPH FRANCIS

Street Address (P.O. Box Number is Not Acceptable)  
6677 SOUTHPIORT DR

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33472

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 12/30/2010

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-CEO	JOSEPH FRANCIS ceo	6677 SOUTHPORT DR	BOYNTON BC FL 33472
D	IRIS S FRANCIS	6677 SOUTHPORT DR	BOYNTON BC FL 33472

REINSTATEMENT

B 1/6/11

10. E-mail Address: joe@samtec24k.com

(To be used for future annual report notification)

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. I further certify, 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

12-30-2010 561-735-3371

Date

Daytime Phone #