

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000038571

1. Entity Name  
JACOB THE ARAMAIC HOLDINGS, INC.



FILED

05 JAN 28 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1727 COACHMAN PLAZA DRIVE  
SUITE 208  
CLEARWATER, FL 33759 US

Mailing Address  
1727 COACHMAN PLAZA DRIVE  
SUITE 208  
CLEARWATER, FL 33759 US

2. Principal Place of Business  
1001 Pearce Dr

3. Mailing Address  
1001 Pearce Dr

Suite, Apt. #, etc.  
# 310

Suite, Apt. #, etc.  
# 310

City & State  
Clearwater FL

City & State  
Clearwater FL

Zip  
33764

Country  
USA

Zip  
33764

Country  
USA

01122005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0612493

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WILLIES, MARK E  
1727 COACHMAN PLAZA DRIVE  
SUITE 208  
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent  
Name Jacob Korkis  
Street Address (P.O. Box Number is Not Acceptable)  
1001 Pearce Dr # 310  
City Clearwater FL Zip Code 33764

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jacob Korkis DATE 1/12/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacob Korkis 1001 Pearce Dr #310 Clearwater FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	200044801642 02/04/05--01011--003 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	200044801642 01/14/05--01053--011 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Korkis DATE 1/12/2005 727-742-3682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR