

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000047624

1. Corporation Name

J.J.P. FINANCIAL, Inc.

FILED

2007 FEB -5 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800088285038
02/14/07--01010--002 **600.00

2. Principal Office Address

9135 BEDFORD DR

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33434

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/2003

5. FEI Number

01-0799413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

04-07

7. Name and Address of Current Registered Agent

Name

JACK PITO

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

9135 BEDFORD DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON FL 33434

State

FL

Zip Code

33442

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

X Jack Pito

Date

REGISTERED AGENT MUST SIGN

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	Jack Pito	9135 BEDFORD DRIVE	BOCA RATON, FL 33434

REINSTATEMENT

2/7/07
04-07

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-562-7559

2 of 2

Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

January 12, 2007

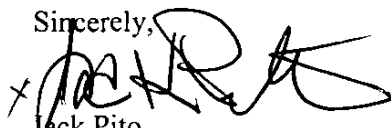
Re: J.J.P. Financial, Inc.
4369 SW 10 Place, suite 201
Deerfield Beach FL 33442
EIN 01-0799413
Document # P03000047624

To Whom It May Concern:

We are kindly requesting reinstatement of J.J.P. Financial, Inc.
We are also asking for wavier of the reinstatement fee due to the fact that the annual report notices were never received by the corporation. The Department of State has an incomplete address of J.J.P. Financial on file, which made the mail to be undeliverable.

We are enclosing a check in the amount of \$450.00, which covers the fees for year 2004, 2005 and 2006.

Sincerely,


Jack Pito
President