

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W0600055178

DOCUMENT # P 03 0000 51901

1. Corporation Name

JOX SOX, INC

REINSTATEMENT

2. Principal Office Address

160 SW 12 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

Zip

33442

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0018932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

PETER ANTONACCI

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

160 SW 12 AVE

Suite, Apt. #, Etc.

#108

City

DEERFIELD BEACH

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

REGISTERED AGENT MUST SIGN

Date

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	HARRIS POLLOCK	160 SW 12 AVE	DEERFIELD BEACH FL 33442
S/T	Peter Antonacci	160 SW 12 AVE	DEERFIELD BEACH FL 33442

600082778366
12/26/06--01049--024 **300.00

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

HARRIS POLLOCK

Date

12/22/06 9549490126

Daytime Phone #



242

December 22, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref. Document # P03000051901

To Whom It May Concern:

Our corporation was administratively dissolved for failure to file annual report(s).

We respectfully request that the reinstate fee be waived, as we never received any notices (2005)

Enclosed are the reinstatement application and a check in the amount of \$300.00.

Thank you for your help with this matter,

A handwritten signature in black ink, consisting of stylized, overlapping loops and a long horizontal stroke extending to the right.

Harris Pollock