

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR -8 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200175023762  
04/08/10--01050--006 \*\*\*450.00

CR2E081 (11/09)

08-10

DOCUMENT # *P03000063152*

1. Corporation Name

J.A. OUTDOORS SERVICES, INC

*WI-15926*

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

740 STANTON DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

US

3. Mailing Office Address

740 STANTON DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2003

5. FEI Number

20-0041316

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

IDA OVIES

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

3785 NW 82 AVE

Suite, Apt. #, Etc.

302

City

DORAL

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Ida C Ovies*

Date 3/08/10

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
P,S	LOPEZ, AMALIA M	740 STANTON DR	WESTON, FL 33326
VP	JESUS, LEON E	740 STANTON DR	WESTON, FL 33326

**REINSTATEMENT**

**RH**

10. E-mail Address: amaliavet@bellsouth.net

(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:

*Amalia Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/08/10

Daytime Phone #