

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 OCT 10 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** PD3000048666

**1. Corporation Name**  
Jack's property Management & Maintenance Corp.

<b>2. Principal Office Address</b> 1335 NW 122 St		<b>3. Mailing Office Address</b> 1335 NW 122 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL	
<b>Zip</b> 33167	<b>Country</b> U.S.A.	<b>Zip</b> 33167	<b>Country</b> U.S.A.

REINSTATEMENT 04-05  
T. Roberts OCT 10 2005

**4. Date Incorporated or Qualified To Do Business in Florida** 9/9/03

**5. FEI Number** ☒ Applied For ☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**7. Name and Address of Current Registered Agent**

**Name** Jacqueline Samuil

**Street Address (P.O. Box Number is Not Acceptable)** 1335 NW 122 St

**Suite, Apt. #, Etc.**

**City** Miami

3000605800913  
10/12/05 11:51:004 \*\*\*300.00  
FL 33167

**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** Jacqueline Samuil **Date** 9/27/05

**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
PD	Jacqueline Samuil	1335 NW 122 St	Miami FL 33167

**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 under section 119.07(3)(i), 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:** Jacqueline Samuil **Date** 9/27/05 **Daytime Phone #** 305-769-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED (SP01)

15 Aug 2

**JACK'S PROPERTY MANAGEMENT & MAINTENANCE, CORP.**  
**1335 NW 122 ST**  
**MIAMI, FL 33167**

September 27, 2005

Florida Department of State  
Division of Corporations

Re: **JACK'S PROPERTY MANAGEMENT & MAINTENANCE, CORP.**  
**Document # P03000098666**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking  
that the penalty please be waived for the corporation. We did not receive notification in 2004 & 2005  
in the mail, so thank you in advance for your time and consideration.

Sincerely,

  
Jacquelin Sainvil  
President