


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # 803000147098

1. Corporation Name JLF HR Services, Inc

FILED
07 AUG 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box # 9972 Royal Palm
Suite, Apt. #, etc.

3. Mailing Office Address Same
Suite, Apt. #, etc.

City & State Coral Springs FL
City & State Same

Zip 33065 **Country** US
Zip Same **Country** Same

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name JEFF Firestone

Street Address (P.O. Box Number is Not Acceptable) 9972 Royal Palm Blvd

Suite, Apt. #, Etc.

City Coral Springs **State** FL **Zip Code** 33065

4. Date Incorporated or Qualified To Do Business in Florida 12/5/03

5. FEI Number 57-196346 **Applied For** ☐ **Not Applicable** ☐

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

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 [Signature] **REGISTRED AGENT MUST SIGN**

Date 8/10/07

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
Pres	JEFF Firestone	9972 Royal Palm	Coral Springs FL 33065
VP	Laurie Firestone	9972 Royal Palm	Coral Springs FL

REINSTATEMENT 8-07

RH

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] JEFF Firestone **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 8/10/07 **Daytime Phone #** 803-2309