

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2007 MAR 22 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000022004

1. Corporation Name

JAMBAH TRADERS 2004 INC.

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

9771 FOREST DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

City & State

Zip

33025

Country

Broward

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN. 30, 2004

5. FEI Number

26-0079293

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

Stacy-Ann Sukie

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

2007 SW 101 Lane

Suite, Apt. #, Etc.

City

MIRAMAR FL

State

FL

Zip Code

33025

☒ 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

S. Sukie

Date 03-20-07

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
CEO	SHARON DUNKLEY STEWART	<u>9771 Forest Drive</u>	<u>MIRAMAR FL 33025</u>
Pres.	Lloyd McLean	<u>2007 SW 101 Lane</u>	<u>MIRAMAR FL 33025</u>
V Pres	Carlyle Thompson	<u>2420 NW 33rd St Apt 103</u>	<u>Highland Park FL 33309</u>

REINSTATEMENT 05-07

500096321395

04/10/07 01025 020 \*\*8.75

500096321395

04/10/07 01025 021 \*\*150.00

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:

Sharon Dunkley Stewart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-07 954-8164045

Date

Daytime Phone #