

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 22 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600137353646
10/28/08--01012--011 **300.00

DOCUMENT # **P04000114884**

1. Corporation Name

JAB Consulting Group, Inc.

REINSTATEMENT 05-08

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

4001 Hillcrest Drive

Suite, Apt. #, etc.

314

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

4001 Hillcrest Drive

Suite, Apt. #, etc.

314

City & State

Hollywood, FL

Zip

33021

Country

USA

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

8/5/04

5. FEI Number

43-2057479

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

Judy Brownstein

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

4001 Hillcrest Drive

Suite, Apt. #, Etc.

314

City

Hollywood

State

FL

Zip Code

33021

☒ 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

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	Judy Brownstein	4001 Hillcrest Drive, Apt 314	Hollywood, FL 33021

600137353646
10/28/08--01012--012 **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:

Judy Brownstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5

Daytime Phone #

108