

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 19 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000088583

1. Corporation Name

JTL Harbor Shops, Inc.

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

1815 Cordova Rd.

Suite, Apt. #, etc.

210

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

1815 Cordova Rd.

Suite, Apt. #, etc.

210

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

800166586788
01/19/10--01033--011 **750.00

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

6/05

5. FEI Number

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 John T. Loos

Street Address (P.O. Box Number is Not Acceptable) 1815 Cordova Rd #210

Suite, Apt. #, Etc.

City Ft Lauderdale

State FL

Zip Code 33316

☒ 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

[Signature] AS REG. 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
PRES	John T. Loos	1815 Cordova Rd #210	Fort Lauderdale, FL 33316

10. E-mail Address: cmc96@aol.com

(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: [Signature] AS PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #