

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR -6 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD 5000094792**

1. Corporation Name

JS Property Maintenance, INC

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

3768 NW 91ST LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3768 NW 91ST LANE

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 1, 2005

5. FEI Number

20-3094517

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

JAMES SANTIAGO

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

3768 NW 91ST LANE

Suite, Apt. #, Etc.

City

Sunrise Florida

State

FL

Zip Code

33351

☒ 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.

JAN 2009

\$150⁰⁰ per yr

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

X James Santiago

REGISTERED AGENT MUST SIGN

Date

X 2/15/08

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	JAMES SANTIAGO	3768 NW 91 ST LANE	Sunrise Florida 33351

000118263770
02/18/08--01045--012 **450.00

RE

REINSTATEMENT

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:

X James Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/15/08 X 954 804-9015

Date

Daytime Phone #