

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 24 AM 10:33

DOCUMENT # **P05000157708**

1. Corporation Name

JAX DELIVERY INC

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

3194 STIRLING RD #L4

Suite, Apt. #, etc.

3. Mailing Office Address

3194 STIRLING RD #L4

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

City & State

HOLLYWOOD, FL.

Zip

33021

Country

USA

Zip

33021

Country

USA

200157693652
06/24/09--01031--002 **8.75

200157693652
06/24/09--01031--001 **450.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12-01-05

5. FEI Number

20-3865030

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

AMIR BAJREKTAREVIC

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

33021 STIRLING RD. # L4

Suite, Apt. #, Etc.

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
PRES	AMIR BAJREKTAREVIC	33021 STIRLING RD #L4	HOLLYWOOD, FL. 33021

06/12/09

REINSTATEMENT 07-09

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/09 (904) 476-2797
Date Daytime Phone #