

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000014838

1. Corporation Name

JOSEPH & ARLENE JAMES, INC.

2. Principal Office Address - No P.O. Box #
4002 NW 63RD STREET

3. Mailing Office Address
4002 NW 63RD STREET

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
COCONUT CREEK, FL

City & State
COCONUT CREEK, FL

Zip Country
33073 broward

Zip Country
33073 BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida January 30, 2006

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
JOSEPH JAMES
Street Address (P.O. Box Number is Not Acceptable)
4002 NW 63RD STREET
Suite, Apt. #, Etc.
N/A
City
COCONUT CREEK

State Zip Code
FL 33073

☒ 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

Joseph James

REGISTERED AGENT MUST SIGN

Date 7-28-09.

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	JOSEPH JAMES	4002 NW 63RD STREET	COCONUT CREEK, FL 33073
T	ARLENE JAMES	4002 NW 63RD STREET	COCONUT CREEK, FL 33073

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:

Arlene James *(Arlene James)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/09 (954) 422-1973

Date Daytime Phone #

FILED
09 JUL 31 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 07-09