

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JAN -5 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000109634

1. Corporation Name

Jim Ron Ventures, Inc.

700164202117  
01/05/10--01002--015 \*\*450.00

REINSTATEMENT 08-10

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

401 E Las Olas Blvd

Suite, Apt. #, etc.

Ste 130

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

401 E Las Olas Blvd

Suite, Apt. #, etc

Ste 130

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/06

5. FEI Number

205416862

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 P Lawrence

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

1905 N Ocean Blvd

Suite, Apt. #, Etc

#9A

City

Fort Lauderdale

State

FL

Zip Code

33305

☒ 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 12/31/09

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
President	James P Lawrence	1905 N Ocean Blvd 9A Fort Lauderdale	Fort Lauderdale FL 33305
	No others 12/1/6		

10. E-mail Address: FloridaUPS@gmail.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/09 954.463.0444

Date

Daytime Phone #