

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 FEB -9 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P09000015443

1. Corporation Name

JB Advisors, Inc.

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

6119 NW 63rd Way

Suite, Apt. #, etc.

3. Mailing Office Address

6119 NW 63rd Way

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

Country

33067

City & State

Parkland, FL

Zip

Country

33067

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

27-0375534

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2B081 (6/10)

7. Name and Address of Current Registered Agent

Name

Joni Brown

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

6119 NW 63rd Way

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33067

**REINSTATEMENT** 10-11

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

Joni Brown

REGISTERED AGENT MUST SIGN

Date 1/5/10

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
<u>PRSTD</u>	<u>Joni Brown</u>	<u>6119 NW 63rd Way</u>	<u>Parkland, FL 33067</u>

10. E-mail Address: toddjoni1@comcast.net

(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:

Joni Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/10

Date

Daytime Phone #

(954) 340-8274