

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P39320

1. Corporation Name

JOFFA CORPORATION

Principal Place of Business

1605 US HWY 1
JUPITER FL 33477
US

Mailing Address

1605 U.S. HWY 1
JUPITER FL 33477
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1992

5. FEI Number

-59-1797612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DREYFUSS, ARNOLD H	115 N VILLAGE WAY	JUPITER FL
STD	WALSH, FRANK E JR.	330 SOUTH STREET	MARRISTOWN NJ
VPD	SAWYER, TED	1605 U.S. HWY A	JUPITER

8000004698058--9
-11/29/01--01035--029
****600.00 ****600.00

8. Name and Address of Current Registered Agent

NATHAN, PETER A
1555 PALM BVEACH LAKES, #1510
WEST-PALM-BEACH FL-33401

9. Name and Address of New Registered Agent

Name

Ted Sawyer

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

1605 US HWY 1A

Suite, Apt. #, Etc.

Jupiter

State

FL

Zip Code

33477

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ted Sawyer

REGISTERED AGENT MUST SIGN

8000004698058--9
-11/29/01--01035--030
****150.00 ****150.00

Date

10-14-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Ted Sawyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-01 671-747-1500

Date

Daytime Phone #

CR2ED40 (9/01)