

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 16 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-93000005262**

1. Corporation Name

JAGRO FLORIDA, INC.

2. Principal Office Address

2650 NW 89th. COURT

Suite, Apt. #, etc.

3. Mailing Office Address

290 NYE AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

IRVINGTON, NEW JERSEY

Zip

33172

Country

Zip

07111

Country

REINSTATEMENT 99-03

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 15, 1993

5. FEI Number

65-0387788

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

GLENN WADLER

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

2650 NW 89th. COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

Glenn Wadler

REGISTERED AGENT MUST SIGN

Date **9/14/03**

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	GERHARD GROB	1064 RAMARO VALLEY ROAD	MAHWAH, NJ. 07430
ST	JOHN JAINLI	6 ORCHID LANE	BRICK, NJ. 08724
VP	GLENN WADLER	4285 FOX RIDGE DRIVE	WESTON, FL. 33331

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 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:

GERHARD GROB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/03 7-973-365-6655

Date

Daytime Phone #

CR2E081 (10/02)