

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000024361**

1. Corporation Name

J.P. PROPERTY INVESTMENT INC.

Principal Place of Business

**3211 N. 74TH AVE.
HOLLYWOOD FL 33024**

Mailing Address

**3211 N. 74TH AVE.
HOLLYWOOD FL 33024**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1983

5. FEI Number

85-088487

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	PECKO, JOSEPH	5401 GRANT ST.	HOLLYWOOD FL
P	PORTUONDO, JULIO G	8299 CORAL WAY	MIAMI FL

**600002016306--3
-11/27/96--01096--010
***375.00 ***375.00**

JB11-25-96

8. Name and Address of Current Registered Agent

**ARLOTTA, TONI M
3211 N. 74TH AVE.
HOLLYWOOD FL 33024**

9. Name and Address of New Registered Agent

Name **Maribel C. Guillen**
Street Address (P.O. Box Number is Not Acceptable)
3211 NW 74 AVE
Suite, Apt. #, Etc.
#6
City **Hollywood** State **FL** Zip Code **33024**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-5-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Joseph C. Pecko
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

11-5-96

Date

(954) 966-1762

Daytime Phone #