

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 28 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000034978**

**1. Corporation Name**

Jarted Financial Corp.

**2. Principal Office Address**

1035 N.E. 125 Street

Suite, Apt. #, etc.

320

City & State

North Miami, FL

Zip

33161

Country

Miami-Dade

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/13/93

**5. FEI Number**

65-0419890

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

Joel Galpern

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

1035 N.E. 125 Street

Suite, Apt. #, Etc.

320

City

North Miami

State  
**FL**

Zip Code  
**33161**

000024217330

10/28/03--01085--001 \*\*150.00

**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

*Joel Galpern*

REGISTERED AGENT MUST SIGN

Date **October 27, 2003**

**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	Joel Galpern	1035 N.E. 125 Street #320	North Miami, FL 33161
VP	Stephen Wayner	1035 N.E. 125 Street #320	North Miami, FL 33161

**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:**

*Joel Galpern*  
*Joel Galpern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03

Date

305-893-8610

Daytime Phone #

CR2E081 (10/02)

**JARTED FINANCIAL CORP.**  
**1035 N.E. 125<sup>TH</sup> STREET #320**  
**NORTH MIAMI, FL 33161-5841**

**TELE: 305-893-8610**  
**FAX: 305-893-6057**

October 27, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl 32399

Attention: Reinstatement

To Whom It May Concern:

Please accept this check in the amount of \$150.00 for full payment for the 2003 Uniform Business Report.

We did not receive previous notices for filing the UBR.

Please expedite our renewal. We have a transaction that is about to occur that is vital to our business survival.

Please call me if you have any further questions or need any other clarifications whatsoever.

Very truly yours,

**JARTED FINANCIAL CORP.**



Joel Galpern, President  
Registered Agent

JG/sf