

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

99 JAN -5 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074708

1. Corporation Name

J TECHNOLOGY, INC.

Principal Place of Business

1120 HOLLAND DRIVE
SUITE 12
BOCA RATON FL 33487
US

Mailing Address

1120 HOLLAND DRIVE
SUITE 12
BOCA RATON FL 33487
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.
9722 Erica Court

City & State

Boca Raton, FL

Zip 33496

Country
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
9722 Erica Court

City & State

Boca Raton, FL

Zip 33496

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1993

5. FEI Number

65-0442931

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	SPINAZZE, JOHN	9722 ERICA CT.	BOCA RATON FL 33496
VP	RIPLEY, JOHN C JR	50 OLD POST RD.	NEWINGTON NH 33062
VP	SILVERS, BILL	1167 HILLSBORO MILE #414	HILLSBORO BCH FL 33062

8. Name and Address of Current Registered Agent

SPINAZZE, JOHN
9722 ERICA CT.
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

12/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/98

(561) 482-1930

Date

Daytime Phone #

CR2E040 (9/98)