

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
P94000002843

DOCUMENT # P94000002843

1. Corporation Name

JESSICA ENTERPRISES INC.

NEW NAME JESSICA AND ALEXANDRA ENTERPRISES INC.

Principal Place of Business

Mailing Address

95-98

FILED
98 FEB 25 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002451207--4
-03/10/98--01001--019
1235.00 **600.00

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

2. New Principal Office Address, If Applicable

16425 COLLINS AVENUE

Suite, Apt. #, etc.

1412

City & State

MIAMI, FL.

Zip

33160-4537

Country

U.S.A.

3. New Mailing Office Address, If Applicable

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

c/o REJEAN LAPIERRE BLDG. "G"

City & State

SUNRISE, FL.

Zip

33351

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1994

5. FEI Number

65-0699850

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GILBERT SIBONEY	16425 COLLINS AVENUE #1412	MIAMI, FL. 33160
T	GABRIEL ABITTAN	16425 COLLINS AVENUE #1412	MIAMI, FL. 33160

REINSTATEMENT 95-98

CM

3-4-98

8. Name and Address of Current Registered Agent

RICHARD BIRKENWALD
2020 N.E. 163rd STREET
SUITE #101
NORTH MIAMI BEACH, FLORIDA 33162

9. Name and Address of New Registered Agent

Name
REJEAN LAPIERRE

Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.
BLDG. "G"

City
SUNRISE

State
FL

Zip Code
33351

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

REGISTERED AGENT MUST SIGN

Date

2/19/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL ABITTAN

2/19/98

(954)749-8802

Date

Daytime Phone #