

FEB-04-1998 14:41

MARC P. OSSINSKY P.A.

407 629 4429 P.03/03

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

98 FEB -5 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011512 (8)

1. Corporation Name

JEFFREY, BENDECK & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

120 Broadway Ave.
Ste. 205120 Broadway Ave.
Ste. 205

Kissimmee, FL 34741

Kissimmee, FL 34741

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3222291

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

58.75 A fee must be paid for each 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
D	Jeffrey, Lilian	120 Broadway Ave. Ste.205	Kissimmee, FL 34741

100002426411-0

-02/10/98--01032--009

****500.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jeffrey, Lilian
120 Broadway Ave. Ste. 205
Kissimmee, FL 34741

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 607.0506, F.S.

Signature of
Registered Agent

Lilian Jeffrey

REGISTERED AGENT MUST SIGN

Date 2-4-98

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:

Lilian Jeffrey

Date 2-4-98

Daytime Phone #