

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000047882

1. Corporation Name

J.A.S.E. MANAGEMENT CO.

Principal Place of Business

5065 N. DIXIE HWY  
OAKLAND PARK FL 33334  
US

Mailing Address

5065 N. DIXIE HWY  
OAKLAND PARK FL 33334  
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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1994

5. FEI Number

65-0502558

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	4 City / State / Zip
D	SLOANE, DEBORAH	1380 PARKSIDE CIRCLE SOUTH	BOCA RATON FL 33486
D	CANTOR, LAURIE	4000 ISLAND BLVD.	N MIAMI BEACH FL 33160

500023747625  
10/13/03 01056 005 \*\*750.00

8. Name and Address of Current Registered Agent

LAYSTROM, C WILLIAM JR  
1177 SE 3RD AVE  
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name Stuart H. Glauser  
Street Address (P.O. Box Number is Not Acceptable)  
18305 Biscayne Blvd.  
Suite, Apt. #, Etc. #302  
City Aventura State FL Zip Code 33160

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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:

*Deborah Sloan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CH2040 (7/03)