

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#465 (1)

APPLICATION FOR REINSTATEMENT OF THE DEPARTMENT OF STATE
Sherrine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA4000001389**
1. Corporation Name
JAR Insurance Services, INC.

Principal Place of Business Mailing Address **SAME**
1522 NW 133 Ave
Pembroke Pines, FL 33028

If above addresses are incorrect in any way, see through incorrect information and enter correction below.
2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. City & State Zip Country

99 APR 19 11:49
000002856540--6
-04/29/99--01072--015
****465.00 ****465.00
4. Date Incorporated or Qualified To Do Business in Florida **8-17-94**
5. FEI Number **65-0511932** 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
President	Jose M. Renaud	1522 NW 133 Ave	Pembroke Pines, FL 33028

8. Name and Address of Current Registered Agent
Signature of Registered Agent
REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent
Name: **Jose M Renaud**
Street Address (P.O. Box Number is Not Acceptable): **1522 NW 133 Ave**
Suite, Apt. #, Etc:
City: **Pembroke Pines** State: **FL** Zip Code: **33028**
Date: **4-13-99**

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.
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No
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)(g), 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
Date: **4-13-99**
DUPLEX PHONE: **954 295 5934**

Corp 098 (12-98)

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JAR Insurance Services, Inc.
1522 N.W. 133 Ave.
Pembroke Pines, Fl. 33028
H(954)432-6290 B(954)295-5934

4/13/99

To: Florida Department of State

Attn.: Division of Corporation (reinstatement section)

Re: JAR Insurance Services, Inc.
FEI number 65- 0511932

This letter is in response to my conversation with the reinstatement division in reference to the reinstatement of JAR Insurance Service, Inc.

In 1997 my offices were moved from Dade to Broward County. Unfortunately after this move occurred I was under the impression that my accountant was filing my annual reports with the Department of Corporations, but just recently found out that this was not the case. Neither of us have received the annual reporting forms, but both of us thought that one of us was filling. We believe that the change of address did not reach your office creating this misunderstanding.

Enclosed please find a check in the amount of \$465.00. This amount was given to me by one of your customer service representatives. The amount remitted includes the following:

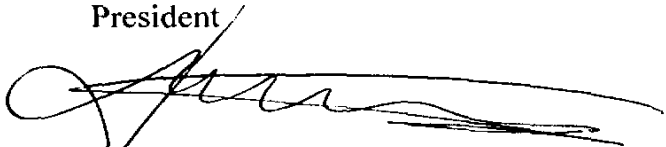
1997 annual reporting fee \$165.00
1998 annual reporting fee \$150.00
1999 annual reporting fee \$150.00

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Please reactivate JAR Insurance Services, Inc. A reinstatement form is attached to this letter with all our updated information. If you have any questions please contact me personally at (954)295-5934. Your cooperation is greatly appreciated.

Respectfully,

Jose M. Renaud
President

A handwritten signature in black ink, appearing to read 'Jose M. Renaud jr.', written over a horizontal line.

Jose M. Renaud jr.