

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99 AR
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

92 JUN -9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036976

1. Corporation Name

JULES SECURITY CORPORATION

Principal Place of Business

Mailing Address

10300 SUNSET DRIVE SUITE 265
MIAMI FL 33173

10300 SUNSET DRIVE SUITE 265
MIAMI FL 33173



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1995

5. FEI Number

65-0580632

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
D	SANON-JULES, THOMAS JR	10300 SUNSET DRIVE SUITE 265	MIAMI FL 33173
D	DOUGE, NANCY	15540 S.W. 80 ST. #201	MIAMI FL 33183

100002905741--0
-06/15/99--01103--010
****950.00 ****350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANON-JULES, THOMAS JR
10300 SUNSET DRIVE SUITE 265
MIAMI FL 33173

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

Thomas Jules Sanon
REGISTERED AGENT MUST SIGN

Date

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 taxes 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:

Thomas Jules Sanon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/22/99 (305) 595-0860
or Home Phone #

CR2040 (9/98)