

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047012

1. Corporation Name

JSCH, INC.

Principal Place of Business

7242 AYSHIRE LANE
BOCA RATON FL 33496

Mailing Address

7242 AYSHIRE LANE
BOCA RATON FL 33496

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

2. New Principal Office Address, If Applicable

290 E. Atlantic Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33444

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1995

5. FEI Number

65-0636712

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	HALL, STEPHEN L	7242 AYSHIRE LANE <u>90 SW 12th Way</u>	BOCA RATON FL 33496 <u>Boca Raton, FL 33486</u>
VS	CSAPO, JOHN C.	7242 AYSHIRE LANE <u>17770 Foxborough Road</u>	BOCA RATON FL <u>33496</u>
T	RIZZO, DONNA M	<u>23012C OXFORD PLACE</u>	BOCA RATON FL <u>33433</u>
			<u>-11/12/97-01093-024</u>
			<u>***750.00 ***750.00</u>
REINSTATEMENT (97)			
<u>SCC 11-6-97</u>			

8. Name and Address of Current Registered Agent

CSAPO, JOHN C.
7242 AYSHIRE LANE
BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name Csapo, John C.
Street Address (P.O. Box Number is Not Acceptable)
17770 Foxborough Road
Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/1/97

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:

Donna Rizzo Donna Rizzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/97 (561) 243-0140
Date Daytime Phone #

CFR2040 (8/97)