

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049343

1. Corporation Name

JORDAN CHILDS, INC.

Principal Place of Business

210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

Mailing Address

210 N. UNIVERSITY DR.
SUITE 502
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

3000 N. University Dr.

Suite, Apt. #, etc.

Suite E

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

3. New Mailing Office Address, If Applicable

3000 N. University Drive

Suite, Apt. #, etc.

Suite E

City & State

Coral Springs, Fl.

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1995

5. FEI Number

65-0592956

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 3	City / State / Zip 4
D	CHILDS, JORDAN	210 N. UNIVERSITY DR. #502 3000 N. University Drive	CORAL SPRINGS FL 33071 33065

8. Name and Address of Current Registered Agent

CHILDS, JORDAN
210 N. UNIVERSITY DRIVE
SUITE 502
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

CHILDS, JORDAN

Street Address (P.O. Box Number is Not Acceptable)

3000 N. University Drive

Suite, Apt. #, Etc.

Suite E

City

Coral Springs

State

FL

Zip Code

33065

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

X

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

01-06-03

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-06-03

Daytime Phone #

CR2ED40 (8/00)

MARKROB ACCOUNTING SERVICE, INC.

PO BOX 771210
CORAL SPRINGS, FL. 33077-1210
954.346.7288-BROWARD 954.346.7217-FAX
954.434.5996-S.BROWARD 305.621.9382-DADE

01/21/03

Florida Dept of State
Annual Reports Filings
Division of Corporations
Tallahassee, Fl. 32314

Re: Corporate Renewals

~~To Whom It May Concern:~~

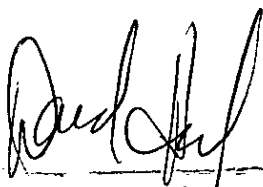
This is to request acceptance of the enclosed corporate renewal filing.

Our client address had changed and the mail was not forwarded to them by the US Postal system and then they received an old form. The client was not aware of the filing requirement, as they wait for a renewal form from Tallahassee, until it was brought to their attention, as they were getting credit.

They immediately notified us and we have completed a renewal application.

Should you have any questions, please feel free to contact the client.

Thank you,
Sincerely,


David Hernandez