

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 MAR 17 AM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 95000068191

1. Corporation Name

J. & J. ENTERPRISES OF KEY WEST, INC.

Mailing Address

Principal Place of Business

201 FRONT STREET
KEY WEST, FL. 33040

REINSTATEMENT

95-97
AD

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0593801

Not Applicable

Zip

Country

Zip

Country

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/P	GREENBERG, JUDITH	210 DUVAL STREET	KEY WEST, FL. 33040
D/S	JEAN, ELI	12079 NW 1st. STREET	CORAL SPRINGS, FL.

3000002117523--4
-03/19/97--01013--008
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINE, ROBERTA S.
818 WHITE STREET
KEY WEST, FL. 33040

Name

ELI JEAN

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

c/o 2778 NW 31st. AVENUE

Suite, Apt. #, Etc.

SECOND FLOOR

City

LAUDERDALE LAKES

State

Zip Code

FL

33311-2034

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Eli Jean

REGISTERED AGENT MUST SIGN

Date 03/11/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Eli Jean

ELI JEAN

03/11/97

(95) 565-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6/94)