

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000072777

1. Corporation Name

JAGUAR PROPERTIES INC.

Principal Place of Business

UNIT 35 - SUITE 110  
~~333 WEST ATLANTIC BLVD.~~  
POMPANO BEACH FL 33069

Mailing Address

UNIT 35 - SUITE 110  
~~333 WEST ATLANTIC BLVD.~~  
POMPANO BEACH FL 33069

FILED  
97 JUN -9 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

3333 WEST ATLANTIC BLVD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3333 W ATLANTIC BLVD  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1995

5. FEI Number

X65-0741318

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	MARTINI, IRMA DR	333 WEST ATLANTIC BLVD. #110	POMPANO BEACH FL 33069

1-800-007-2089-1-1  
-06/11/97-01078-013  
\*\*\*\$15.00 \*\*\*\$15.00

6/10/97

8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name  
IRMA MARTINI  
Street Address (P.O. Box Number is Not Acceptable)  
3333 W ATLANTIC BLVD  
Suite, Apt. #, Etc.  
UNIT 35 - STE 110  
City  
POMPANO BEACH  
State  
FL  
Zip Code  
33069

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

IRMA de MARTINI

REGISTERED AGENT MUST SIGN

Date 4/28/97 6/5/97

11. 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.)

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:

IRMA MARTINI  
IRMA de MARTINI

4/28/97 954-

Date

Daytime Phone #