PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 OCT 1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000083223**

1996 Annual Report

1. Corporation Name

JEN-KEN, INC.

Principal Place of Business	Mailing Address
~~3996~~ BLUEBELL STREET PALM BEACH GARDENS FL 33410	~~3996~~ BLUEBELL STREET PALM BEACH GARDENS FL 33410

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.: 3926	Suite, Apt. #, etc.: 3926
City & State:	City & State:
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/1995

5. FEI Number: 65-0619579 ☐ 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
D	WADE, KENNETH	3926 BLUEBELL ST	PALM BEACH GARDENS FL 33410
D	WADE, JENNIFER	3926 BLUEBELL ST	PALM BEACH GARDENS FL 33410

800001976258--4
-10/16/96--01026--002
****375.00 ****375.00

JBD-F-96

8. Name and Address of Current Registered Agent

WADE, KENNETH
10971 ~~PGA BLVD~~ #127
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): NORTH MILITARY TRAIL
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (7/96)

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: K Wade Date: 9/26/96
REGISTERED AGENT MUST SIGN

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: K Wade 9/26/96 (561)691-4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jen-Ken, Inc.
3926 Blue Bell Street
Palm Beach Gardens, FL 33410
(561) 691-4366

September 26, 1996

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
PO box 6327
Tallahassee, Fl 32314

Dear Ms. Mortham:

Enclosed please find completed Application for Reinstatement for Jen-Ken, Inc. Please note that the principle place of business and mailing address are both incorrect, and that the annual corporation report was not received. The mailing address should have been "3926 Blue Bell Street" as shown in the street address of the officers.

Due to the mailing address containing a typo, I am requesting that the penalty be waived.

Please let me know of your decision.

Respectfully submitted,

Deborah Collins
Controller
Jen-Ken, Inc.

encl: Application for Reinstatement
Check