PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

915

FILED

DOCUMENT #

**POSOCOO PARA SE** 

1. Corporation Name						97 KFR 24 PM 4: 18				
J.A.F. INVESTMENTS #402, INC.						SEORETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address						TALLAHASSEE, PLOMON				
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1701 SW 12TH AVENUE BOCA RATON FL 33486				1701 SW 12TH AVENUE BOCA RATON FL 33486						
						The same		rhwis	00	
		incorrect in any way, line th		nformation and ent		Heins	IATEME	NT 96 +	97	
				_	ii Applicable	4. Date Incorporated or Qualified To Do Business in Florida 11/07/1835				
				Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Stale			City & State	City & State					pplicable	
Zip		Country	Zip	Cou	ntry	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional For a Certificate	ec required of Status	
7. Names	s and Street Ad	dresses of Each Officer an	d/or Director (Fl							
Title(s)	Name of Officers and/or Directors			3 (Do NOT	Street Address of Ea Officer and/or Direct Use Post Office Box	ion lor ( Numbers)	City / State / Zip			
D		······································			TH AVENUE		BOCA RATON FL 33486			
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					2000021579725 -04/29/9701051003 *******8.75 ******8.75					
					2000021579725 -04/29/9701051004					
							****91	5.00 ****81	5.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
INCEDI ALI M						Name				
l	1 SW 12TH A	VENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
BOC	CA RATON FL	. 33486			Suite, Apt. #, E	tc.				
	1				City		······································	State Zip Code		
10. I, beir	ng expointed th	e registered agent of the a	bove named corp	poration, am familia	with and accept the	obligations of Sec	tion 607.0505, F.S.	' <i>'</i>		
Signature Registere			1	1901	A RMM	Mulde	Date 4/8	3/97		
				GENT MUST/SIGN				<u>'</u>		
11. D	oes this eept. of R	corporation pay evenue under S	any intan . 199.032	gible fax to , Florida Sta	the atutes. Yes	s 🗌 No 🗆	(See	other side for information on intangible tax.)	n	
this re owed	instatement ap by the corporat	officer or director or the rec plication, the reason for dis ion have been paid and the true and accurate, and my	solution has bee e names of indivi	n eliminated, the co duals listed on this	rporate name satisfic form do not qualify f	es the requirement or an exemption ur	s of section 607.0401	or 617.0401, F.S., that a	all fees	
			Gr	Jaka of	and	Peni	1/2/67	(954)246	2954	
SIGNA	ATURE:			1/1	a treatment		1/01/1	CICLAN	<u> </u>	