

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000086033

1. Corporation Name

J.A.F. INVESTMENTS #402, INC.

Principal Place of Business

1701 SW 12TH AVENUE
BOCA RATON FL 33486

Mailing Address

1701 SW 12TH AVENUE
BOCA RATON FL 33486

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1995

Suite, Apt. #, etc. 7284 W. Palmetto Park Rd.
City & State Boca Raton, FL Suite 101 south
Zip 33433 Country Palm Beach

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City & State Boca Raton, FL Suite 101 south
Zip 33433 Country Palm Beach

5. FEI Number

65-0620594

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	JAFERI, ALI M	1701 SW 12TH AVENUE	BOCA RATON FL 33486
D	JAFERI, ALI M.	7284 W. Palmetto Park Rd. Suite 101 south	Boca Raton, FL 33433

000004696380--7

11/28/01 01018-007

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAFERI, ALI M
1701 SW 12TH AVENUE
BOCA RATON FL 33486

Name JAFERI, ALI M
Street Address (P.O. Box Number is Not Acceptable)
7284 W Palmetto Park Road
Suite, Apt. #, Etc. Suite 101 south
City Boca Raton

State
FL

Zip Code
33433

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Ali M. Jafari

Date 10/29/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ali M. Jafari

Date 10/29/01

(561) 392-9450

Date

Daytime Phone #

CR2E040 (8/01)