

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

96 DEC -6 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089405**

1. Corporation Name

JAY'S ICE CREAM COMPANY

Principal Place of Business

Mailing Address

~~2667 NORTHWEST 99TH AVENUE~~
~~CORAL SPRINGS FL 33065~~

~~2667 NORTHWEST 99TH AVENUE~~
~~CORAL SPRINGS FL 33065~~



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

2. New Principal Office Address, If Applicable

2519 Tortugas Lane

3. New Mailing Office Address, If Applicable

2519 Tortugas Lane

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0631775

Applied For

Not Applicable

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

Zip

33312

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
PSTD	MESSANA, JAY P.	2667 NORTHWEST 99TH AVENUE	CORAL SPRINGS FL 33065
PSTD	Montemorano, Jeremy	2519 Tortugas Lane	Fort Lauderdale, FL. 33312
			700002025217--0
			-12/10/96--01153--004
			****375.00 ****375.00
			REINSTATEMENT 1/9/96
			12-6-96
			G. Alar

8. Name and Address of Current Registered Agent

~~MESSANA, JAY P.~~
~~2667 NW 99TH AVENUE~~
~~CORAL SPRINGS FL 33065-2525~~

9. Name and Address of New Registered Agent

Name Montemorano, Jeremy
Street Address (P.O. Box Number is Not Acceptable)
2519 Tortugas Lane
Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33312

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

Jeremy Montemorano
REGISTERED AGENT MUST SIGN

Date 1/9/96

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: Jeremy Montemorano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #