

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

97 MAR 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089914

1. Corporation Name

J.V.T., INCORPORATED
7800 W. OAKLAND PARK BLVD. BLDG. "G"
SUNRISE, FLORIDA. 33351

Principal Place of Business

Mailing Address

REINSTATEMENT 96-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

7800 W. OAKLAND PARK BLVD.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

BLDG. "G"

City & State

SUNRISE, FLORIDA

City & State

Zip

33351

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/95

5. FEI Number

65-0634492

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
PRE	PATRICK CHAPEROT	1509 S.E. 12th STREET	FORT LAUDERDALE, FL. 33316
SEC	NICOLE CHAPEROT	1509 S.E. 12th STREET	FORT LAUDERDALE, FL. 33316

000002117740--7
-03/19/97--01040--002
****915.00 ****915.00

JB 3-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

REJEAN LAPIERRE

Street Address (P.O. Box Number is Not Acceptable)

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

BLDG. "G"

City

SUNRISE,

State

FL

Zip Code

33351

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

Rejean Lapierre

REGISTERED AGENT MUST SIGN

Date 01/22/1997

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Rejean Lapierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/22/1997

* Daytime Phone

CPRE040 (1/95)