

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 JUL 25 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P5000097883

1. Corporation Name

Ron Jason, Inc.

2. Principal Office Address

6981 NW 5th Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/95

5. FEI Number

None

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-03

7. Name and Address of Current Registered Agent

Name

Nick B. Kanelidis

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

2400 East Commercial Blvd.

Suite, Apt. #, Etc.

Suite 706

City

Ft. Lauderdale, FL

State

FL

Zip Code

33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ Sec-Treas.	Ronald J. Benedetto	6981 NW 5th Street	Plantation, FL 33317

10. 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

7/23/03 954.629.6619

Date

Daytime Phone #

CR2E081 (10/02)