PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 FEB 12 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000023482**

1. Corporation Name
J.A.P. CONSULTING, INC.

Principal Place of Business	Mailing Address
11405 WAYNE DRIVE COOPER CITY FL 33026	11405 WAYNE DRIVE COOPER CITY FL 33026

REINSTATEMENT 9-7-99

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
8010 KLEARY BLVD	
Suite, Apt. #, etc.: # 107	Suite, Apt. #, etc.
City & State: PLANTATION FL	City & State
Zip: 33324 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/15/1996

5. FEI Number: 65-0789356 ☐ 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)

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
D	PAPADAKIS, JOHN	~~11405 WAYNE DRIVE~~ 8010 CLEARY BLVD #107	COOPER CITY FL 33026 PLANTATION FL 33324

700002778177--5
-02/17/99--01057--012
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PAPADAKIS, JOHN 11405 WAYNE DRIVE COOPER CITY FL 33026	Name: JOHN PAPADAKU Street Address (P.O. Box Number is Not Acceptable): 8010 CLEARY BLVD Suite, Apt. #, Etc.: # 107 City: PLANTATION FL State: FL Zip Code: 33324

CR2E040 (8/97)

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 _____ Date 2-15-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: _____ 2/1/99 954 805-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #