PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ͺ<mark>ΑΡΡ</mark>ΕΙCATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

6000024830
)

1. Corporation Name

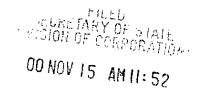
JERRY'S OF SANFORD, INC.

Mailing Address

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC



561-683-2569

Date

SUITE 19 SU			SUITE 19	1500 FLORIDA MANGO ROAD SUITE 19 WEST PALM BEACH FL 33409							
le abassa		:	rough incorrect in	formation on	d ontor o	orraction balow	FINST	ATEMEN	TOO		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin				ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #,			, etc.			5. FEI Number	<u>-</u>	03/18/1996	slied For		
City & State City & S			City & State	e				65-0765617 Not Applicable			
Zip	Zip Country Z		Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Statu			Fee required 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			Street Address of Each Officer and/or Director				City / State / Zip			
D	PENDERGAST, GERARD J JR			1500 FLORIDA MANGO ROAD, SUITE 1			uite 1	WEST PALM BEACH FL 33409			
D	PENDERGAST, LAURA L			1500 FLORIDA MANGO ROAD, SUITE 1			UITE 1	WEST PALM BEACH FL 33409			
D	RHODES, KAREN P			1500 FLORIDA MANGO ROAD, SUITE 1			UITE 1	WEST PALM BEACH FL 33409			
					2			000034688125 -11/17/0001070002 *****750.00 *****750.00			
									Pich	<i>b</i>	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name Name					
The second secon											
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)						
1600 MIAMI CENTER					,	Suite, Apt. #, Etc.		•			
MIAMI FL 33131				,	٠ / ا سر	City State Zip Code					
10. I being	appointed th	ne registered a cent of se at	ove named po	oration. Am fa	with the wife	th and accept the o	ations of Sect	on 607.0505, F.S.			
Signature o Registered	f B	Lalaine A	andau, A	ssistan	t-Sec	retary fo	r Corpora	tion _{te} Novemb	er 8, 2000		
Compan	y of Mi	ami -	EGISTERED AG	ENT MUST	SIGN						
this rein	statement ap	officer or director or the reco plication, the reason for dis- tion have been paid and the true and accurate, and my	solution has been names of individ	eliminated, t luals listed or	the corpo	pate name satisfies n do not qualify for	the requirements an exemption un	of section 607,0401 or 6	17.0401 F.S. that	all fees	