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97 NOV 26 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97AR



309 TRITON CT  
INDIAN HARBOUR BEACH FL 32937

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>04/09/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3348481</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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	CRESCIO, JOSEPH P	309 TRITON CT	INDIAN HARBOUR BEACH FL 32937
			500002361275--2 -12/02/97--01085--010 ****165.00 ****165.00
			G. Alan 11/26/97

**9. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number Is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

Signature of Registered Agent \_\_\_\_\_ REGISTERED AGENT MUST SIGN



Date 11/21/97

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.

is true and accurate, and my signature shall have the same legal effect as if my

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-800-586-1270**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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**JAMES H. FALLACE & ASSOCIATES**  
ATTORNEYS AT LAW

1900 S. HICKORY ST.  
MELBOURNE, FL 32901

TELEPHONE  
(407) 722-3402  
TELEFAX  
(407) 724-6002

November 21, 1997

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED - Z 196 634 301**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: JOCR, Inc.  
State of Florida Document No: P96000031767  
Our File No: 96-11004

**ATTENTION: Reinstatement Department**

Dear Reinstatement Department:

The above-referenced corporation was administratively dissolved on September 26, 1997, due to its failure to file an Annual Report for 1997. The corporation failed to file the Annual Report for 1997 because it did not receive an Annual Report and did not have knowledge that an Annual Report was due for 1997. It is very understandable that the corporation did not know to file because the corporation was incorporated on April 9, 1996, and thus, until 1997, the corporation was never required to file an Annual Report.

Due to the fact that the corporation did not receive an Annual Report and did not have knowledge that an Annual Report was due for 1997, we respectfully request that the Reinstatement Fee of \$585.00 be waived.

Therefore, please find enclosed our check for \$165.00 and an Application for Reinstatement for the above-referenced corporation.

Thank you for your assistance in this matter.

Sincerely,

**REGISTERED AGENT**  
**JAMES H. FALLACE, P.A.**

  
Brian K. Jordan

BKJ:sh  
Enclosures