H02000215891 1

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
02 OCT 22 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033685

1. Corporation Name

J & F OF BROWARD, INC.

Principal Place of Business	Mailing Address
1021 NW 1ST STREET FT LAUDERDALE, FL 33311	1021 NW 1ST STREET FT LAUDERDALE, FL 33311

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

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/15/96

5. FEI Number: 65-0662512 ☐ 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
DP	ADAMS, FLOOKER	1021 NW 1ST STREET	FT LAUDERDALE, FL 33311
DV	JONES, FRANCES	3821 NW 8TH STREET	FT LAUDERDALE, FL 33311
DS	ADAMS, FRANCES	1021 NW 1ST STREET	FT LAUDERDALE, FL 33311
DT	CUMMINGS, GERALDS	1021 NW 1ST STREET	FT LAUDERDALE, FL 333±±
	REINSTATEMENT 02		

8. Name and Address of Current Registered Agent

OTHEL TURNER
3741 W BROWARD BLVD, STE 201
FT LAUDERDALE, FL 33312

8. Name and Address of New Registered Agent

Name: OTHEL TURNER

Street Address (P.O. Box Number is Not Acceptable): 5787 W SUNRISE BLVD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33313

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: Othel Turner — Date: 10/22/02

REGISTERED AGENT MUST SIGN

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: Geraldo Cummings — 10-22-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

J & F OF BROWARD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00