PAGELOZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORP	PORATION:	FLORIDA DEPAR Jim Secretar DIVISION OF C	Smith y of St	ate		SI	APR 2	LED 25 PM 12: 5 24 CE STATE	Ę	
DOCUMENT # P96000034369 1. Corporation Name						TAL	LAHAS:	SEE, FLGRÆ	ĈA .	
J & J Properties of Broward, Inc.						•		>4 016	SSOIU	
2. Principal C	3. Mailing Office Addre			70 04/22	/020	1061	7 1567 819 **300) (3 0		
	El Paraiso PL		10708 El Paraiso PL			1		15 036	-	
Suite, Apt. #, e	3tc.	Suite, Apt. #, etc.	#, etc.			orated or	Qualified			
City & State	City & State	le			iness in Flo	rida 	04/19/1			
Delra	y Beach, FL	Delray Be	5. FEI Numbe	8294	33	 	opplied For lot Applicable			
zip 33446	Country US	Zip 33446	Country US		6. CERTIFICATE					
7. Name and Address of Current Registered Agent										
Street Address (P.O. Box Number is Not Acceptable) 10708 E1 Paraiso PL Suite, Apt. #, Etc. City Delray Beach 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										
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			eet Address of Each ficer and/or Director	City / State / Zip					
PT I	Kodner, Terri J	1070	10708 El Paraiso PL			Delray Beach FL 33446				
S F	Kodner, Bruce	1070	10708 El Paraiso PL			De:	ray I	Beach FL	33446	
				00-	-03 (1BC	7	<u> </u>		
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 Date Date Date Date Date Dayline Phone #										

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J & J Properties of Broward Inc. 10708 El Paraiso Place

Delray Beach, FL 33446

April 11th, 2003

Department Of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This if in reference to the reinstatement of Corporation "J & J Properties of Broward, Inc." The fee for the year 2000 was paid and we have not heard anything else since.

Enclosed is a check in the amount of \$300.00. for the reinstatement fee.

Sincerely,

Terri J. Kodner

TJK:si