

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

98 JUN -9 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000040240

1. Corporation Name

J.D.B.A.S. INC.

Principal Place of Business

Mailing Address

C/O DAVID BOTTON  
4100 N. 42ND TERR.  
HOLLYWOOD, FLORIDA 33021

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified  
To Do Business in Florida

5/6/1998

5. FEI Number

85-0663266

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	SAMY BOTTON	4100 N. 42ND TERR.	HOLLYWOOD, FL. 33021
V/P	JOYCE BOTTON		
SECT.	APRIL BOTTON	8300 DELONGPRE AVE.	LOS ANGELES, CALIF.
TREAS.	DAVID BOTTON	8300 DELONGPRE AVE.	LOS ANGELES, CALIF.
V/P	BRIDGET BOTTON	4100 N. 42ND TERR.	HOLLYWOOD, FL. 33021

8. Name and Address of Current Registered Agent

SAMY BOTTON  
8211 W. BROWARD BLVD. #200  
PLANTATION, FLORIDA 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

000002561340--7

-06/16/98--01094--017

\*\*\*\*\*900.00 \*\*\*\*\*900.00

FL

Zip 00000

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

REGISTERED AGENT MUST SIGN

Date

5/28/98

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:

SAMY BOTTON PRES

5/28/98

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CR2E040 (12/95)