

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 28 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000040240**

1. Corporation Name

J.O.B.A.S. Inc.

Principal Place of Business

**4100 N. 42nd TERRACE
HOLLYWOOD, FL 33021**

Mailing Address

**40 L. DREIKH CPT
8211 W. BROWARD BLVD
PLANTATION, FL 33324**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

9-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0663266

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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. 42 nd TERRACE HOLLYWOOD, FL 33021	Hollywood, FL 33021
VO	Joyce Botton	4100 N. 42 nd TERRACE	Hollywood, FL 33021
S	APRIL Botton	8200 Delongpre Ave	Los Angeles, Ca.
T	DAVID Botton	8300 Delongpre Ave	Los Angeles, CA
VP	Bridget Botton	4100 N. 42 nd TERRACE	Hollywood, FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SAMY Botton
8211 W. BROWARD BLVD #200
PLANTATION, FL 33324**

Name

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

Suite, Apt. #, Etc.

City

200003118722--0

-02/01/00--01086--009

******750.00 ****750.00**

State

Zip Code

FL

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 **1/14/2000**

11. This corporation owes 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., the taxes 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 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

Daytime Phone #