

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 29 PM 4: 54

DOCUMENT # 96000040240

1. Corporation Name

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

2. Principal Office Address

21150 Point Place

Suite, Apt. #, etc.

2502

City & State

Miami, FL

Zip

33180

Country

Miami-Dade

3. Mailing Office Address

C/O L. Drelich CPA

Suite, Apt. #, etc.

8211 W. Broward Blvd.

City & State

Plantation, FL

Zip

33324

Country

Broward

REINSTATEMENT

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/06/1996

5. FEI Number

650663266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Botton, Samy

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

8211 W. Broward Blvd

Suite, Apt. #, Etc.

200

City

Plantation,

State
FL

Zip Code

33324

900062631479

01/04/06--01062--017 **900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/23/05

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	Street Address of Each Officer and/or Director	City / State / Zip
P	Botton, Samy	17971 Biscayne Blvd. #219	Aventura, FL 33180
S	Botton, April	Same as above	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/05

Daytime Phone #

12/29/05