

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

THOSE
MAIL FILE

APPROVED
AND
FILED

98 NOV 23 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida 05/08/1996

5. FEI Number ~~57762277~~ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000043028

1. Corporation Name
JALS OF PLANTATION, INC.

Principal Place of Business
13100 SW 128 STREET
MIAMI FL 33186

Mailing Address
13100 SW 128 STREET
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

| 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 |
| D | FALOWITZ, JOSEPH | 3910 LITTLE AVENUE | COCONUT GROVE FL 33133 |
| D | GREENBAUM, MICHAEL | 9510 SW 98 STREET | MIAMI FL 33176 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300002701113--6
-12/03/98--01003--008
****908.75 ****908.75

8. Name and Address of Current Registered Agent
FALOWITZ, JOSEPH
13100 SW 128 STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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 **SIGNATURE REQUIRED** Date 10-20-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-20-98 Daytime Phone # 305 253-8631

CR25040 (8/97)