

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:11

DOCUMENT # P96000045874

1. Corporation Name

J AVIA XX, INC.

Principal Place of Business

Mailing Address

11055 BAYBREEZE WAY  
BOCA RATON FL 33428

11055 BAYBREEZE WAY  
BOCA RATON FL 33428



REINSTATEMENT

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0667178

Applied For

Not Applicable

City & State

City & State

Wellington FLORIDA

Zip

Country

Zip

Country

33414

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	BECCHIO, JANIXX	<del>11055 BAYBREEZE WAY</del>	<del>BOCA RATON FL</del>
		15475 Bellanca Lane	Wellington, FL
			400003500604--4
			12/13/00 01117 002
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, LOUISE M  
C/O TRI-STAR ACCOUNTING GROUP, INC.  
3200 N MILITARY TRAIL, #201  
BOCA RATON FL 33431

Name

Janixx Becchio

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

15475 Bellanca Lane

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

12/4/00

11. 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

Daytime Phone #

12/4/00

561-784-9363

CR2E040 (8/00)