

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000045874

1. Corporation Name

J AVIA XX, INC.

Principal Place of Business

Mailing Address

15475 BALLANCA LANE
WELLINGTON FL 33414

15475 BALLANCA LANE
WELLINGTON FL 33414

FILED

02 MAR 18 - PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	BECCHIO, JANIXX PARISI (legal name change)	15475 BALLANCA LANE	WELLINGTON FL 33414

000005180960-6

-04/01/02-01035-010

*****900.00 *****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PARISI~~
~~BECCHIO, JANIXX~~
15475 BALLANCA LANE
WELLINGTON FL 33414

Name

JANIXX PARISI

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

15475 Ballanca 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

12-5-01

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 #

561
12-5-01 784-9363

CR2040 (8/01)