PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** FILED FILED OF STATE OF STATE Secretary of State DIVISION OF CORPORATIONS 196000050259 **DOCUMENT #** JRR GROUP, INC. 99 OCT 20 PM 2: 30 1. Corporation Name 380 SW 12th AVE. (ANDREWS) POMPANO BEACH, FL 33069 (954) 942-8091 FAX (954) 942-9872 Principal Place of Business 380 SW 12th Ave. (Andrews) POMPTNO BENCH, Fr. 33069 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 65-06 75387 City & State City & State \$8.75. Additional Fee require for a Certificate of Stitus. Ζιρ Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) POMPANO BORCH, PZ. 33069 380 SW 124 He RICHARD KLECZ <del>300003027173--</del> -10/27/99--01073--023 \*\*\*\*300.00 \*\*\*\*300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FILINGS, INC. 3732 NW164 SHOCK Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. Ft. Landerdale, Fr. 33311 City Zip Code 10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent \_ Date REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🗀 No 🔯 Intangible Personal Property Tax due June 30. 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 807.0401 or 817.0401, F.S., that all lees 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. 10/16/89 (98/942 -809) SIGNATURE:

October 16, 1999

Division of Corporations State of Florida P.O. Box 6327 Tallahassee, Fl. 32314

## Gentlemen:

About three weeks ago when I applied for a loan from the bank I have found that my corporation was dissolved.

I was stunned because I have not received any notices or letters regarding this matter.

I don't know if you have mailed any correspondence with regard to the corporation to my mail box which I disontinued to use about which change of address I notified in my 1997 annual report when I filed for that year.

In view of this, I request that you wave the late filing fee for years 1998 and 1999.

I am enclosing a check in the amount of \$300.00 for annual reports of 1998/1999.

I hope that all future correspondence will be mailed to my correct address so that I will not fail to sent my annual reports on time.

Thank you very much and with best regards, I remain.

Sincerely,

Richard Klecz

President JRR Group, Inc.

Encl. Application for reinstatement Check #3693