

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 AM 9:02

DOCUMENT # **P96000068307**

1. Corporation Name

JAIMCO PUBLISHING COMPANY

2. Principal Office Address

11850 NW 20 Court

3. Mailing Office Address

11850 NW 20 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Plantation, Florida

Zip **33323**

Country
USA

Zip **33323**

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-16-96

5. FEI Number

65 0738649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

SHAWN BAIN

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

11850 NW 20th Court

Suite, Apt. #, Etc.

City **Plantation**

State
FL

Zip Code **33323**

400003426884--3

-10/17/00--01009--017

*******8.75 *****8.75**

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

Shawn S Bain

REGISTERED AGENT MUST SIGN

Date **33323 10/3/00**

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 |
|------------------------|--------------------------------------|---|---------------------------|
| D | Cornelius Singleton | 11850 NW 20th Court | Plantation, Florida 33323 |
| D | Shawn Bain | 11850 NW 20th Court | Plantation, Florida 33323 |
| Pres | Cornelis Singleton | 11850 NW 20th Court | Plantation, Florida 33323 |
| VP/ Secty/Treasurer | Shawn Bain | 11850 NW 20th Court | Plantation, Florida 33323 |
| | | 400003426884--3 | |
| | | -10/17/00--01009--018 | |
| | | ****900.00 ****900.00 | |

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:

Shawn S Bain

SHAWN BAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/00

Date

Daytime Phone #

CR2E081 (9/99)