

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAR -7 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078654

1. Corporation Name

JFS Inc.

REINSTATEMENT 00-63

2. Principal Office Address

13022 Riverside Drive

3. Mailing Office Address

13022 Riverside Drive

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

Sherman Oaks, CA

City & State

Sherman Oaks, CA

Zip

91423

Country

USA

Zip

91423

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 20, 1996

5. FEI Number

65-0700285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Merles

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

161 SW 6th Terrace

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code
33486

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

David Merles

REGISTERED AGENT MUST SIGN

Date March 3, 2003

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
P/T/S/D	James F. Shubert	13022 Riverside Drive, #8	Sherman Oaks, CA 91423

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:

James F. Shubert

James F. Shubert

3/3/03

(818) 990-7316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)