

APPLICATION  
FOR *AM*  
REINSTATEMENT



**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Corporation Name**

Principal Place of Business

**Mailing Address**

C/O JORDAN INTERSTATE, INC.  
6611 BAY CIRCLE, SUITE 100  
NORTH CROSS GA 30071  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Zip**

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1996

**SP**

5. FEI Number

**65-070695 1**

**Applied For**

Not Applicable

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
P	MATHIEU, MONIQUE	22 RUE TIQUETONNE	PARIS, FRANCE XX XXXXX

000003050200--9  
-11/19/99--01091--005  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

MACDANIEL, JOHN M ESQ.  
ONE BISCAYNE TOWER STE 2975  
TWO SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 \_\_\_\_\_

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 #