

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN 19 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090795

1. Corporation Name

Jack's Square II, Inc.

Principal Place of Business

2011 Cleveland Street  
Cleveland Park, Suite A  
Tampa, Florida 33606

Mailing Address

Same

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

11/5/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3413547

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Jack M. Mezrah	2011 Cleveland Street Cleveland Park, Suite A	Tampa, FL 33606
V/S/T D	Michael J. Mezrah	2011 Cleveland Street Cleveland Park, Suite A	Tampa, FL 33606
			200002570002--0 -06/23/98--01086--013 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

Rydberg & Goldstein, P.A.  
500 E. Kennedy Blvd., #200  
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name

Bruce S. Goldstein

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

500 E. Kennedy Boulevard

Suite, Apt. #, Etc.

200-A

City

Tampa

State

FL

Zip Code

33602

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 6/10/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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 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

6/17/98 (813) 254-8386  
Date Daytime Phone #

CPRE040 (12/96)