

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000090795**

1. Corporation Name

JACK'S SQUARE II, INC.

94AR

Principal Place of Business

2011 CLEVELAND STREET
SUITE A
TAMPA FL 33606

Mailing Address

2011 CLEVELAND STREET
SUITE A
TAMPA FL 33606

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1996

5. FEI Number

59-3413547

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
PD	MEZRAH, JACK M	2011 CLEVELAND STREET, SUITE A	TAMPA FL 33606
VSTD	MEZRAH, MICHAEL J	2011 CLEVELAND STREET, SUITE A	TAMPA FL 33606

400003051464-6
-11/22/99--01117--003
***150.00 ***150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, BRUCE S
500 E. KENNEDY BLVD.
200-A
TAMPA FL 33602

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/4/99

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

[Signature]

11/4/99 (813) 254-8386
Date Daytime Phone #

CR2E040 (8/99)

**JACKS SQUARE II, INC.
2011 CLEVELAND STREET #A
TAMPA, FLORIDA 33606**

November 3, 1999

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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RE: Document #P96000090795 (Jacks Square II, Inc.)

Dear Division of Corporations:

Per my conversation with your representative, I am writing this letter on behalf of Jacks Square II, Inc. in regards to the annual report for the corporation. In the past I have never received any other notice of any fees due for this company. I did however receive the late notice with a very high reinstatement fee due.

I do not feel that I should be responsible for documents that never were delivered to my office. In the future I am going to change the mailing address of all the companies in order for me to receive the mail in a timely manner.

I have submitted the fee of \$150.00 for the company. Please reinstate this company and I will make sure this issue does not come in front of you again.

Thank you for your time and consideration.

Sincerely,

JACKS SQUARE II, INC.



Mike Mezrah
Vice President