

RENEWAL "1997 ANNUAL"

APPROVED

DO NOT WRITE IN THIS SPACE

FILED

1997 JUL 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT
FOR

97AR

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000093839
JEM HOMES INTERNATIONAL, INC
1985 PEMBROKE RD
PEMBROKE PINES, FL 33009

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address 1985 PARK RD
Address
City and State
Zip Code

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

3. Date Incorporated or Qualified To Do Business in Florida 11-12-96

4. FEI Number 65-0709428

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
VTD	NALLATHAMBI, SWAMIKA M.A.	506 BELMONT RD	BUTLER, PA. 16001
VSD	GHOSHHAJRA, KALYANMAJ	516 COLQUITT DR	Pittsburgh PA 15238
PD	DAN, ROY R	2301 NW 82 WAY	SUNRISE FL 33322
			3000002250943-1 -07/29/97--01084-011 ****550.00 ****550.00
			10/24/97

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State FL Zip Code

EDWARDS, DEBORAH M
2906 DOUGLAS RD STE 201
CORAL GABLES, FL 33134 US

8. 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 _____ Date _____
REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 07/21/97 Phone # (954) 964-8910
Typed or printed name of signing officer or director _____

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required for a