

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000001792**

1. Corporation Name

JAK ENTERPRISES, INC.

2. Principal Office Address

201 ALHAMBRA CIR.

Suite, Apt. #, etc.

711

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

201 ALHAMBRA CIR.

Suite, Apt. #, etc.

711

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-8-97

5. FEI Number

65-1126245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

STEPHEN R. RAPPORT

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

201 ALHAMBRA CIR.

Suite, Apt. #, Etc.

#711

City

CORAL GABLES

State

FL

Zip Code

33134

400004547534-6
-08/21/01--01073-007
*****1050.00 ***1050.00**

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

Date

8-13-01

REGISTERED AGENT MUST SIGN

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/D	JULIO CESAR MORON	201 ALHAMBRA CIR. #711	CORAL GABLES, FL 33134
	90000-Adm		
	6125-AR		
	8875-ARsupp		

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

8-13-01 305444-5255

Daytime Phone #