

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 10 AM 8:00

DOCUMENT #

P97000013858

1. Corporation Name

JAB TEXTILES, INC

**REINSTATEMENT** 03

000025399550  
12/10/03--01068--006 \*\*750.00

2. Principal Office Address

1650 NW 23<sup>rd</sup> Avenue

Suite, Apt. #, etc.

Building C

City & State

Ft. Lauderdale, FL

Zip  
33311

Country  
USA

3. Mailing Office Address

1650 NW 23<sup>rd</sup> Avenue

Suite, Apt. #, etc.

Building C

City & State

Ft. Lauderdale, FL

Zip  
33311

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/97

5. FEI Number

650743232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Mitchell Shadowitz

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

551 NW 77 Street

Suite, Apt. #, Etc.

Suite 102

City

Boca Raton

State  
FL

Zip Code

33487

8. 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

*Charles*

REGISTERED AGENT MUST SIGN

Date 11/24/03

9. 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	Esther Stern	1650 NW 23 <sup>rd</sup> Ave Bldg C	Ft. Lauderdale, FL 33311

10. 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:

*Charles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/03

Date

9547390064

Daytime Phone #