

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 26 AM 11:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000015260

1. Corporation Name

JIST DOME, INC.

REINSTATEMENT

03-04

000027544140

01/26/04--01011--013 **150.00

2. Principal Office Address

233 LANTANA ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

Zip

33467

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/1997

5. FEI Number

65-0728722

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

STEVEN H MACHIELA

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

6801 LAKE WORTH ROAD

Suite, Apt. #, Etc.

SUITE 124

City

LAKE WORTH

State

FL

Zip Code

33467

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

Date

1/12/04

REGISTERED AGENT MUST SIGN

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
D.	STEPHEN JANKUN	233 LANTANA ROAD	LANTANA, FL 33462

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:

STEPHEN JANKUN

1/12/2004

561-547-9487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

STEVEN H. MACHIELA, CPA, PA

Phone (561) 964-8182

CERTIFIED PUBLIC ACCOUNTANTS

Fax (561) 964-8824

website shmcpa.com

6801 LAKE WORTH ROAD, SUITE 124,
LAKE WORTH, FLORIDA 33467

email smachiela@shmcpa.com

January 12, 2004

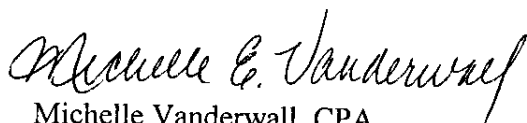
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

On April 25, 2003 the Annual Corporate Report for 2003 was filed for JIST DOME, INC. The new registered agent neglected to sign it and our client was not aware of this problem until a Notice of Administrative Dissolution was received.

We are enclosing a completed Corporation Reinstatement form, a copy of the cancelled check that paid the 2003 filing fee and a check for \$150.00 to cover the annual report filing fee for 2004. Please waive the reinstatement fee. If you have any questions, please call me.

Thank you,



Michelle Vanderwall, CPA
Steven H. Machiela, CPA, PA