


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

02 MAR -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000019222**

1. Corporation Name

JIM PETRUSA, INC

2. Principal Office Address

2300-B NW 48TH STR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 70552

Suite, Apt. #, etc.

City & State

POMPAHO BEH, FL

Zip

33073

Country

BROWARD

City & State

FT. LAUDERDALE, FL

Zip

33307

Country

BROWARD

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/97

5. FEI Number

65-0741844

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

JAMES J PETRUSA

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

2300 B NW 48TH STR

Suite, Apt. #, Etc.

City

POMPAHO BEACH

State

FL

Zip Code

33073

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

James J Petrusa

REGISTERED AGENT MUST SIGN

Date

2-22-02

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 |
|-------------|--------------------------------------|---|--------------------------------|
| Pres | James J Petrusa | 2300 B NW 48TH STR | Pompano Beach, FL 33073 |
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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:

James J Petrusa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-22-02 (954) 984-9580

Daytime Phone #

CR2E001 (9/01)