

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -3 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000027645**

1. Corporation Name **J's Jade Vending INC**

2. Principal Office Address
816 SE 9th Street

Suite, Apt. #, etc.
205

City & State
Deerfield Beach, FL

Zip
33441

Country
US

3. Mailing Office Address
816 SE 9th Street

Suite, Apt. #, etc.
205

City & State
Deerfield Beach, FL

Zip
33441

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **3/24/97**

5. FEI Number
65-0773957

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

01-03UBR

7. Name and Address of Current Registered Agent

Name **Ken DiVencenzo**

Street Address (P.O. Box Number is Not Acceptable)
1640 SE 6th Street

Suite, Apt. #, Etc.

City
Deerfield Beach

State
FL

Zip Code
33441

300020787953
06/11/03-01075-022 **450 00

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 **Ken DiVencenzo**

Date **5/26/03**

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
Pres.	Ken DiVencenzo	1640 SE 6th Street	Deerfield Beach FL 33441
VP	ROSALIE DiVencenzo	1640 SE 6th Street	Deerfield Beach, FL 33441

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:

Rosalie DiVencenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/03 **954-427-9121**
Date Daytime Phone #