

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 AUG -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035352

1. Corporation Name

J. MICHAELS & COMPANY, INC.

Principal Place of Business

Mailing Address

2300 GLADES RD
100 W
BOCA RATON FL 33431
US

2300 GLADES RD
100 W
BOCA RATON FL 33431
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5150 EAST CLUB CIRCLE

Suite 103

BOCA RATON, FL

33487

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1997

5. FEI Number

65-0747688

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	3	4
1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
GCEO	LEVENTIS, MICHAEL	6237C GRAYCLIFF DRIVE	BOCA RATON FL 33490
D	LEVENTIS, MICHAEL	6237C GRAYCLIFF DRIVE	BOCA RATON FL 33490
PTD	SIDERIS, JAMES	17500 TIFFANY TRACE DR 5150 EAST CLUB CIRCLE	BOCA RATON FL 33487
			000004536820--6 -08/15/01--01077--018 *****900.00 *****900.00
			REINSTATEMENT 06-01 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HWY
SEVENTH FLOOR
FORT LAUDERDALE FL 33308

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

ARTHUR R. ROSENBERG
REGISTERED AGENT MUST SIGN

Date

7/31/01

11. 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 SIDERIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/01

Daytime Phone #

(888) 759-2299

CR2E040 (8/00)