

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 25 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000037501**

1. Corporation Name

JUVENILE ADULT WORK SERVICES, INC

700008596557
10/25/02--01080--011 **1358.75

2. Principal Office Address

390 N. W. 2 St

Suite, Apt. #, etc.

Managers Office

City & State

Miami, FL

Zip

33128

Country

USA

3. Mailing Office Address

3300 N. St. Rd. # 7

Suite, Apt. #, etc.

A 24

City & State

Hollywood, FL

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-25-1997

5. FEI Number

05-0536321

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

William Ferguson

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

2820 N.W. 13 Street

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

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

William Ferguson

Date

10/22/02

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	Jean A. Webb	3300 N. St. Rd. 7 # A 24	Hollywood, FL 33021
Vice Pres	William A. Webb	2820 L. W. 127 WAY	MIAMI, FL 33027
Sec Treas.	Emanuel J. Smith	390 NW 2 St Managers Office	Miami, FL 33128

PR 10/29

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:

Jean A. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

305

205-8338

Daytime Phone #