

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042635

1. Corporation Name

JOFRA ENTERPRISES, INC.

2. Principal Office Address

7091-17 COLLEGE PARKWAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#17

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

33907-5659

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1997

5. FEI Number

65-0756236

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

GIUSEPPE PIRRONE

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

7091-17 COLLEGE PARKWAY

Suite, Apt. #, Etc.

# 17

City

FORT MYERS

State  
FL

Zip Code

33907-5659

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

*Giuseppe Pirrone*  
REGISTERED AGENT MUST SIGN

Date 12-03-02

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
D	GIUSEPPE PIRRONE	15225 BRIAR RIDGE CIRCLE	FORT MYERS, FL 33912-2304
D	ROSALIA PIRRONE	15225 BRIAR RIDGE CIRCLE	FORT MYERS, FL 33912-2304

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

*Giuseppe Pirrone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-03-02-239-9395344

CR2001 (2/01)