

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048131

1. Corporation Name

JGB & COMPANY, INC.

Principal Place of Business

553601 ARBOR CLUB WAY
BOCA RATON FL 33433

Mailing Address

553601 ARBOR CLUB WAY
BOCA RATON FL 33433

FILED

98 DEC -4 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

24 CAMDEN LN.

Suite, Apt. #, etc.

BOYNTON BEACH FL

City & State

3. New Mailing Office Address, If Applicable

24 CAMDEN LN.

Suite, Apt. #, etc.

BOYNTON BEACH FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1997

5. FEI Number

65-0756133

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Zip 33462 Country U.S.A.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BOCHIS, JAMES G II	553601 ARBOR CLUB WAY	BOCA RATON FL 33433
"	"	24 CAMDEN LN.	Boynton Beach FL 33462

100002707651-1

-12/09/98-01077-011

****758.75 ****758.75

8. Name and Address of Current Registered Agent

BOCHIS, JAMES G II
553601 ARBOR CLUB WAY
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name BOCHIS, JAMES G. II

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

24 CAMDEN LN.

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33462

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

REGISTERED AGENT MUST SIGN

Date 12/1/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/98

Daytime Phone #

861-995-1010

CR2E040 (8/98)