

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000052357**

1. Corporation Name

JCAA ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

1001 WEST JASMINE DRIVE
SUITE J-1

POST OFFICE BOX 12929
LAKE PARK FL 33403-0929

~~LAKE PARK FL 33403-0929~~

~~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

LAKE PARK FL

Zip

Country

Zip

Country

33403-2119

USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1997

5. FEI Number

65-0762424

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCKIBBON- TURNER, BAMBI	1001 WEST JASMINE DRIVE, SUITE J	LAKE PARK FL 33403
VP	TURNER, JOHN M. III	491 PADEN MILL TRAIL 701 Muirfield Drive	LAWRENCEVILLE GA 30044 Winder, GA 30680
ST	CHAPPELLE, LISA D.	322 SOUTH CLINTON STREET	EAST ORANGE NJ 07018
			300004487243-7 -07/20/01--01028--009 ***1058.75 ***1058.75

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MC KIBBON-TURNER, BAMBI
1001 WEST JASMINE DRIVE
SUITE J-1
LAKE PARK FL 33403-2119

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bambi McKibbon-Turner
REGISTERED AGENT MUST SIGN

Date

9/26/00

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:

Bambi McKibbon-Turner **7/6/2001** (561) 844-5661
BAMBI MCKIBBON-TURNER
9/26/00 (561) 863-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/99)