

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 10 AM 9:04

DOCUMENT # **P97000094156**

1. Corporation Name

J.P.I. SALES, INC.

Principal Place of Business

Mailing Address

7600 B WILES RD
CORAL SPRINGS FL 33071
US

7600-B WILES ROAD
CORAL SPRINGS FL 33067

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

05-0799578

Not Applicable

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| P | PISCATELLO, JOHN | 10320 N.W. 6TH STREET | CORAL SPRINGS FL 33071 |
| S | PISCATELLO, JOHN | 10320 NW 6TH ST | CORAL SPRINGS FL 33071 |
| | | | 000003046400--2 -11/16/99--01096--025 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

PISCATELLO, JOHN
10320 NW 6TH ST
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Coral Springs

FL

33071

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

John Piscatello
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-5-99

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:

John Piscatello
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-99

Daytime Phone #