

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
T. J. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095819

1. Corporation Name

JOG OF SOUTH FLORIDA, INC.

Principal Place of Business

1201 BROADWALK
HOLLYWOOD FL 33019

Mailing Address

1201 BROADWALK
HOLLYWOOD FL 33019

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/07/1997

5. FEI Number

65-0794410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Addtional 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
PD	ALTUNBAS, GURKAN	1201 BROADWALK	HOLLYWOOD FL 33019
TD	ALTUNBAS, OKTAY	1201 BROADWALK	HOLLYWOOD FL 33019
VSD	YOST, JALE	1201 BROADWALK	HOLLYWOOD FL 33019

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-11/08/99--011SP-017
***150.00 ***150.00

8. Name and Address of Current Registered Agent

ALTUNBAS, GURKAN
1201 BROADWALK
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WOLFSON AND ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
130 SOUTH UNIVERSITY DRIVE, SUITE D
PLANTATION, FLORIDA 33324
PHONE: (954) 475-8670 FAX: (954) 475-8788
E-MAIL: WOLFSONASSOC@AOL.COM

October 21, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: Jog of South Florida, Inc.
1201 Broadwalk
Hollywood, FL

FEIN# 65-0794410

Dear Sir/Madam

Please be advised that the above mentioned corporation has not received it's 1999 Corporate Annual Report. It appears that the client has had several problems with mail delivery. There were several calls and second requests for payments from vendors as a result of this problem.

In light of these problems please accept this check in the amount of \$150.00 as full payment for the 1999 Corporate Annual Report and abate all late filing fees.

Thank you in advance for your cooperation in this matter and if we can be of any further assistance please don't hesitate to contact our office.

Sincerely yours,



Mark Wolfson
Certified Public Accountant

enclosures

cc: Jog of South Florida, Inc.