

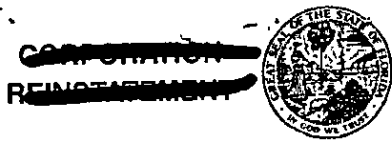
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



98-00AR
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA7000096947

1. Corporation Name
JAM BUILDING SERVICES, INC

2. Principal Office Address
P.O. Box 16605

Suite, Apt. #, etc.
STE. D

City & State
WEST PALM BEACH FL

Zip
33416

Country
PALM BEACH

3. Mailing Office Address
P.O. Box 16605

Suite, Apt. #, etc.
STE. D

City & State
WEST PALM BEACH

Zip
33416

Country
PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida 11/12/97

5. FEI Number
65-0792876

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
HARRY B. MERAN

Street Address (P.O. Box Number is Not Acceptable)
2650 NW 46th ST

Suite, Apt. #, Etc.

City
BOCA RATON

100003225171-1

04/26/00-01078-010

****450.00-****450.00

State
FL

Zip Code
33434

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

HARRY B. MERAN

REGISTERED AGENT MUST SIGN

Date 4/5/00

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
P.S.D	HARRY B. MERAN	2650 NW 46th ST	BOCA RATON FL 33434

KE

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: HARRY B. MERAN (HARRY B. MERAN) 4/5/00 561-640-5072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Rainbow Services

Attachment
D/F # P920000096947

Pg. 2 of 2

May 10, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Ms. Kathy Ashton
Document Specialist

Dear Ms. Ashton:

As referenced in your attached April 10 letter, enclosed is our Reinstatement Application and a copy of the front and back of our 3/21/00 check for \$450.00 which the Dept. of State endorsed and deposited.

I would appreciate your granting a One-Time Waiver of the Reinstatement Fee. As I previously explained, The Division of Corporation never sent us any Annual Report Forms or Renewal Notice since I incorporated this business in 1997. Our address has not changed since that incorporation and I voluntarily submitted the enclosed Application and check.

All future notices should be sent to the mailing address shown in the attached Application.

Thank you for your help.

Very Truly Yours,

Harry B. Meran
President