

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 DEC 17 PM 1:38

DOCUMENT # **P97000097448**

1. Corporation Name

JRP INSURANCE MANAGERS, INC.

2. Principal Office Address

535 North State Road 7

Suite, Apt. #, etc.

3. Mailing Office Address

535 North State Road 7

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

BROWARD

City & State

MARGATE, FLORIDA

Zip

33063

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/97

5. FEI Number

65-0806802

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

Randy Pomerantz

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

535 North State Road 7

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/14/01**

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
D	Randy Pomerantz	535 North State Road 7	MARGATE, FL. 33063

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

Randy Pomerantz 12/14/01 (954) 979-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (8/00)