

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000100899

1. Corporation Name

JAM PIZZA, INC.

Principal Place of Business

4956 LE CHALET BLVD., BAY #5 & 6
BOYNTON BEACH FL 33436

Mailing Address

4956 LE CHALET BLVD., BAY #5 & 6
BOYNTON BEACH FL 33436

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

11/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0797128

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HIEBERT, JOHN M	41 CITRUS PARK DR.	BOYNTON BEACH FL 33436
D	PURVIS, SAMUEL F II	3756-C TERRYWOOD DR.	BOYNTON BEACH FL 33426

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALDEN, LINDA J
WALDEN & ASSOCIATES, CPA, PA
11849 SUNCHASE CT.
BOCA RATON FL 33498

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/18/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN HIEBERT

10-10-00

Date

561-733-8728

Daytime Phone #

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 1:20



CR2E040 (8/00)