

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -6 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000103459**

1. Corporation Name **JBT GROUP & ASSOCIATES
INC.**

2. Principal Office Address

75 N.E. 6TH AVE

Suite, Apt. #, etc.

111

City & State

DELRAY BEACH FLA

Zip

33483

Country

PLM BCH

3. Mailing Office Address

75 N.E. 6TH AVE

Suite, Apt. #, etc.

111

City & State

DELRAY BEACH FLA

Zip

33483

Country

PLM BCH

REINSTATEMENT

9870

4. Date Incorporated or Qualified
To Do Business in Florida

12-97

5. FEI Number

65-0798705

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

BRUCE COOKFAIR

800003388698-8

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

425 W. OCEAN AVE

09/12/00-01041-008

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code

33435

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

Bruce Cookfair

REGISTERED AGENT MUST SIGN

Date **8-29-00**

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
PRES IDENT	BRUCE COOKFAIR	425 W. OCEAN AVE	BOYNTON BEACH FL 33483
			LS

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

Bruce Cookfair

BRUCE COOKFAIR

8-29-00 5612723992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/99)