

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # **P98000023676**

1. Corporation Name

JR MORTGAGES INC.

900004562709--9

-08/29/01--01094--007

******900.00 ****900.00**

2. Principal Office Address **2500**

E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

504

City & State

Hallandale, FL

Zip

33009

Country

BROWARD

3. Mailing Office Address **2500**

E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

504

City & State

Hallandale, FL

Zip

33009

Country

BROWARD

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/98 SP

5. FEI Number

650816379

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

GERALD Lindor

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

6151 MIRAMAR PARKWAY

Suite, Apt. #, Etc.

206

City

MIRAMAR

State

FL

Zip Code

33023

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]

Date

4-30-01

REGISTERED AGENT MUST SIGN

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	JEAN PIERRE-PAUL	19500 TURN BERRY WAY AVENTURA FL 33120	AVENTURA, FL 33120

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:

[Signature]

JEAN PIERRE-PAUL

4/19/01

**954
456-6861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #