

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -8 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025223

1. Corporation Name

JAN-JAM INVESTMENTS, INC.

2. Principal Office Address

494 PELICAN LNS.

3. Mailing Office Address

494 PELICAN LNS.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL.

City & State

JUPITER, FL.

Zip

33458

Country

USA

Zip

33458

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/98

5. FEI Number

65-0931386

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

JAMES E. SENNELLO III

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

494 PELICAN LN S.

Suite, Apt. #, Etc.

City

JUPITER, FL.

State

FL

Zip Code

33458

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

Date

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
P	JAMES E. SENNELLO III	494 PELICAN LN S.	JUPITER, FL. 33458

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:

JAMES E. SENNELLO III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/03 954-941-7777

CR2E081 (10/02)

sh 9/9

September 4, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

RE: Reinstatement of Corporation

To whom it may concern:

Enclosed is a check in the amount of \$300.00 for the reinstatement of our corporation. We never received the necessary documents to renew in 2002. Please note the address change on our reinstatement form.

If you have any questions, please contact us at (561) 746-8133.

Sincerely,

A handwritten signature in black ink, appearing to be "James E. Sennello III", written over a series of horizontal lines.

James E. Sennello III
Jan-Jam Investments, Inc. (Pres./Owner)

Document number: P98000025223