

APPLICATION
FOR
REINSTATEMENT
FOR
JARF ENTERPRISES, INC.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

99 SEP 29 PM 1:02

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1 Name and Mailing Address of Corporation DOCUMENT # P98000031023

JARF ENTERPRISES, INC.
1750 South Federal Highway
Pompano Beach, FL 33060

2 If Address in Block 1 is incorrect (new), enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

1750 South Dixie Highway

Address

Pompano Beach, FL

City and State

33060

Zip Code

3 Date Incorporated or Qualified
To Do Business in Florida

04/03/1998

4 FEI Number

65-0849592

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5 Names and Street Addresses of Each Officer and/or Director

Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
D/P	JACK ADAMO	1750 South Dixie Highway	Pompano Beach, FL 33060
D/S	RICHARD P. FULTON	1750 South Dixie Highway	Pompano Beach, FL 33060
			100003007191-3 -10/06/99-01012-010 ****750.00 ****750.00

REINSTATEMENT

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

STUART S. ROSENTHAL, ESQ.
404 East Atlantic Boulevard
Suite 101
Pompano Beach, FL 33060

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip Code

8 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

Date 9/28/99

REGISTERED AGENT MUST SIGN

9 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date 9/28/99

Phone # 954-786-0730

Typed or printed name of signing officer or director JACK ADAMO, PRESIDENT/DIRECTOR

10 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
required for a
Certificate of Status