

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000037309

1. Corporation Name

JSR, Inc

2. Principal Office Address

676 W Prospect Rd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

4250 NW 74th St

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/1998

5. FEI Number

65-0831148

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

Joy Penn

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

676 W Prospect Rd

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL 33309

State

FL

Zip Code

500007853735-9

-09/19/02-01082-009

****908.75 ****908.75

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

Joy Penn

REGISTERED AGENT MUST SIGN

Date

9/12/02

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 S Reynolds III	4250 NW 74th St Pompano Beach, FL 33073	
* James gave permission to correct application. JPM 9/17/02			

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)(l), 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 S Reynolds III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02
Date

(954) 553-9852
Daytime Phone #

CR2E081 (9/01)