

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 11 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **90000038888**

1. Corporation Name

JUNG TOWER, INC.

2. Principal Office Address

4900 Broadway

Suite, Apt. #, etc.

City & State

West Palm Beach, Fl

Zip

33407

Country

Palm Beach

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT **99-00**

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/98

5. FEI Number

N/A

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 R. Merola

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

SUITE 204

City

Palm Beach Gardens,

State

FL

Zip Code

33410

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

James R. Merola

REGISTERED AGENT MUST SIGN

Date 5/10/00

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

D/P

Amnon Dayanoff

4900 Broadway

West Palm Beach, Fl 33407

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***900.00 ***900.00

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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.

561-842-5892

SIGNATURE:

Amnon Dayanoff

Amnon Dayanoff, President

May 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)