

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -4 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000051653**

1. Corporation Name

2. Principal Office Address

2911 S.W. 9th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2911 SW 9th AVE

Suite, Apt. #, etc.

City & State

Fort LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33315

Country

USA

Zip

33315

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

JON CHRISTENSON

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

2911 SW 9th AVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

DUPLICATE 788470
02/04/03--01071--034 **1385 00

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

Jon Christenson
REGISTERED AGENT MUST SIGN

Date

1/31/03

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/D	SCOTTY RAGSDALE	1040 NE 15 AVE	FT. LAUDERDALE, FL 33304

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:

Scotty Ragdale, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-03

Daytime Phone #

954-761-9281

CR2E081 (10/02)

js 2/1/03

Re: Reinstatement of Corp.

Jan. 31, 2003

To Whom it may concern:

Enclosed is a check for \$1385.00.

Please return the difference in amount
of check to Jon Christenson, Register agent
2911 SW 9th Ave Ft. Lauderdale, FL 33315

We have a closing on February 7, 2003.

Please process immediately. A
certificate of status desired is also
applied for.

Thank you for your timely manner.

Sincerely,

Jon Christenson