

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 JAN -3 PM 2:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000058592

1. Corporation Name

J.B. MEYER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1090 REDWOOD ST HOLLYWOOD FL 33019

1090 REDWOOD ST HOLLYWOOD FL 33019

Handwritten signature



REINSTATEMENT 1999

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 06/29/1998
5. FEI Number 105-085600010
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, MEYER, JULIE, 1090 REDWOOD ST, HOLLYWOOD FL 33019

500003099135-5 -01/14/00--01072--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent: HAGEN, KEVIN L, 3990 SHERIDAN ST, STE 104, HOLLYWOOD FL 33021
9. Name and Address of New Registered Agent: Hagen, Kevin L, 3531 Griffin Road, Ft Lauderdale, FL 33312

10. 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: [Signature] REGISTERED AGENT MUST SIGN
Date: 12/28/99

11. 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: [Signature] REGISTERED AGENT MUST SIGN
Date: 12/28/99
Daytime Phone #: 954-922-9903

CR2E040 (8/99)