

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **PAGE 1 of 2**

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000070683

1. Corporation Name

J.A.C. DESIGNS, INC.

Principal Place of Business

**1740 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

Mailing Address

**1740 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1998

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 A fee of \$9.75 is 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOWARD, DENISE	10314 SW 23 CT.	DAVIE FL 33324

8. Name and Address of Current Registered Agent

**FRIEDMAN, MICHAEL L
2300 E. LAS OLAS BLVD. 4TH FLOOR
FT. LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name **DENISE HOWARD**
Street Address (P.O. Box Number is Not Acceptable)
10314 S.W. 23 CT.
Suite, Apt. #, Etc.
City **DAVIE** State **FL** Zip Code **33324**

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

Denise Howard
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10 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:

Denise Howard
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 28 99

Daytime Phone #

954-383-2857

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 AM 9:10

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*****200.00 ***200.00**



AD



LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

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Michael R. Ballotta, C.P.A.
Raymond A. Ballotta, C.P.A.
Alfred J. Katzin, C.P.A.
Maurice E. Levenson, C.P.A.

Lynne D. Packar, C.P.A.
W. Jay Rechtman, C.P.A.
Steven G. Rosen, C.P.A.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: J.A.C. Designs, Inc.
Application for Reinstatement
Document # P98000070683

Dear Sir or Madam:

Our above named client has requested we write this cover letter to explain the facts and circumstances regarding them not timely filing their annual report.

The listed registered agent was their then attorney, who has since been suspended from practicing law and remains so at this time. The corporation was newly formed on 8/10/98 and this is the corporation's first filing requirement for the annual report. Therefore they were unfamiliar with such requirement. Previous forms and notices were not forwarded to them until this Notice of Dissolution and Application for Reinstatement.

Please find enclosed my client's check for \$200.00 and a request from us on their behalf to accept the circumstances as reasonable cause for not filing on time.

We ask your kind consideration in this matter and await your reply.

Yours truly,

Michael R. Ballotta, C.P.A.

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