

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 10 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## REINSTATEMENT



DOCUMENT # P98000080948

1. Corporation Name

J &amp; S CONSULTING SERVICES, INC.

Principal Place of Business

13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI FL 33161

Mailing Address

13018 NORTHEAST 8TH AVENUE  
NORTH MIAMI FL 33161

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

09/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1867978

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	JULES, JEAN	13018 NORTHEAST 8TH AVENUE	NORTH MIAMI FL 33161
SVD	JULES, SHEILA C	13018 NORTHEAST 8TH AVENUE	NORTH MIAMI FL 33161

600009025896  
11/15/02--01078--009 \*\*150.00

11/12/02

8. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/31/02 (305) 970-7914

Date

Daytime Phone #

pg 2 of 2

November 13, 2002

Division Of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Ref: Doc P98000080948

~~This is to let you that we were astonished to receive the second notice for filing the UBR~~  
for the corporation. We have never received a first notice from you requesting any payment.

In addition, we have not changed our address since the corporation was formed. We always thought that the renewal fee was on a yearly basis.

We have attached to this a letter a check in the amount of \$150, which will be for the annual fees. Please update your file with our correct address in order to get any notices on time.

The address is 13018 NE <sup>N.</sup> ~~St~~ Ave, Miami, FL 33161

We are thanking you in advance for your understanding.

Sincerely,



Jean Jules  
President