

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -7 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000091735*

1. Corporation Name

J-CHAMBERS CORP.

400004916214--8

-02/13/02--01083--008

****900.00 ****900.00

2. Principal Office Address

4381 N.W. 120 LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SUNRISE FL.

City & State

Zip

33323

Country

USA

Zip

Country

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/98

5. FEI Number

65-0873090

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

JOSHUA CHAMBERS

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

4381 N.W. 120 LANE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

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

Joshua Chambers

Date

2/2/02

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>JOSHUA CHAMBERS</i>	<i>4381 N.W. 120 LANE</i>	<i>SUNRISE FL. 33323</i>

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:

Joshua Chambers

JOSHUA CHAMBERS

Date

2/2/02

Daytime Phone #

(954) 258-6395

CR2E081 (9/01)