

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN 22 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000005919

1. Corporation Name

J.P.R FINANCIAL INC.

2. Principal Office Address

15783 Cypress Park Drive

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

3. Mailing Office Address

15783 Cypress Park Drive

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

33414

Country

USA

**REINSTATEMENT**

03-04

01/22/04--01023--026 \*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

1/15/1999

5. FEI Number

65-0999210

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

Joseph P. Raineri P.A

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

15783 Cypress Park Drive

Suite, Apt. #, Etc.

City

Wellington

State  
FL

Zip Code  
33414

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

REGISTERED AGENT MUST SIGN

Date

1/13/04

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	Joseph P. Raineri	15783 Cypress Park Drive	Wellington, FL 33414
VP	Peter Raineri	15783 Cypress Park Drive	Wellington, FL 33414
S	Robert P. Doria	4806 N. Classical Blvd	Delray Beach, FL 33445

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. RAINERI

Date

1/13/04

Daytime Phone #

954  
(575-5311)

CR2E081 (10/02)