

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**07 MAR -7 AM 10:24**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009800

1. Corporation Name

JOHN-SKIP OF BOYNTON INC

00093729531  
19/07--01032--019 \*\*1050.00

2. Principal Office Address

1115 North Federal Hwy

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip  
33435

Country  
USA

3. Mailing Office Address

1115 North Federal Hwy

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip  
33435

Country  
USA

**REINSTATEMENT 05-07**  
CR2E081 (12/03)

4. Date Incorporated or Qualified  
To Do Business in Florida 02/01/1999

5. FEL Number  
65-0896523

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  
Matt Barrow

Street Address (P.O. Box Number is Not Acceptable)  
1115 North Federal Highway

Suite, Apt. #, Etc.

City  
Boynton Beach

State  
FL

Zip Code  
33435

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

Date

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
PD	Matt Barrow	1115 North Federal Hwy	Boynton Beach, FL 33435

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 contained in Chapter 119, 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:

Matt Barrow

3/1/07

Date

561-734-8866

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR