

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 28 PM 2:20

DOCUMENT # P99000010029

1. Corporation Name

J.S. Culinary Enterprises, Inc.

2. Principal Office Address

2381 NE 14th

Suite, Apt. #, etc.

205

City & State

Pompano Beach

Zip

33062

Country

3. Mailing Office Address

6330 Powerline Rd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

Zip

33309

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-1999

5. FEI Number

650892858

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

~~Jarrett Sammel~~ Jarrett Sammel

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

2381 NE 14th St

Suite, Apt. #, Etc.

#205

City

Pompano Beach

000004462810-5

-07/06/01--01097--012

\*\*\*\*300.00 \*\*\*\*300.00

State Zip Code

FL

33062

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

*Jarrett Sammel*

REGISTERED AGENT MUST SIGN

Date 6-25-01

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
Pres	Jarrett Sammel	2381 NE 14th St #205	Pompano Beach, FL 33062

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:

*Jarrett Sammel*

Jarrett Sammel

6-25-01

954-492-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)