

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **799000012436**

1. Corporation Name

Job Resources, Inc.

2. Principal Office Address

926 Lenox Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, FL.

Zip

33139

Country

USA

3. Mailing Office Address

926 Lenox Ave

Suite, Apt. #, etc.

City & State

Miami Beach, FL.

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/99

5. FEI Number

65-0893000

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

Roger Brooks

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

926 Lenox Ave.

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33139

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

Roger Brooks

Date

2/8/02

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
President	Roger Brooks	926 Lenox Ave.	Miami Beach, FL. 33139

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:

Roger Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

305-673-1998

Daytime Phone #

FILED

02 FEB 11 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Job Resources, Inc.
926 Lenox Avenue
Miami Beach, FL 33139


February 8, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Reinstatement Section

I never received the original Uniform Business Report request and was told by one of your representatives that the late fee would be waived and to mail a check for four hundred fifty dollars (\$450.00) to reinstate my corporation. I appreciate your assistance regarding this matter. If you have any questions please free to contact me at (305) 673-1998. Thank you.

Sincerely,


Roger Brooks
President