

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 -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014924

1. Corporation Name

JJJR PROPERTIES, INC.

2. Principal Office Address

4316 Fox Ridge Drive

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

4316 Fox Ridge Drive

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/15/99

5. FEI Number

04-3588325

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

MAMMON JACOB

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

4316 Fox Ridge Drive

Suite, Apt. #, Etc.

City

Weston

900004931399-3

02/15/02 01063 07

***1050.00 ***1010.00

REINSTATEMENT 00-02

State

FL

Zip Code

33331

18

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

Mammon Jacob

MAMMON, JACOB

Date

1-25-02

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
D	Mammon Jacob	4316 Fox Ridge Drive	Weston, FL 33331
D	Varughese Jacob	14001 Summersville Place	Davie, FL 33325
D	Varghese John	8633 N.W. 57th Court	Coral Springs, FL 33067
D	George Samuel	437 Allison	Elmhurst, IL 60126

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:

Mammon Jacob
MAMMON, JACOB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-02

Daytime Phone #