

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 18 AM 8:16

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000016536

1. Corporation Name

Jordan Social Security Consultants

**REINSTATEMENT** 01-02

2. Principal Office Address

162 3rd St, SW

3. Mailing Office Address

P.O. Box 2510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven FL

Zip

33880

Country

USA

Zip

33883

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/99

5. FEI Number

593557367

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

Edward Jordan

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

236 Mariposa

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

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

Edward Jordan

Date

9/12/02

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|---------------------|--------------------------------------|---|------------------------------|
| <u>Pres.</u>        | <u>Edward Jordan</u>                 | <u>236 Mariposa</u>                               | <u>Winter Haven FL 33884</u> |
| <u>Sec. or Dir.</u> | <u>Reba Jordan</u>                   | <u>236 Mariposa</u>                               | <u>Winter Haven FL 33884</u> |
|                     |                                      |   |                              |
|                     |                                      |   |                              |
|                     |                                      |   |                              |
|                     |                                      |   |                              |

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:

Edward Jordan

Edward Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/12/02

Daytime Phone #

863

289 4040

CR2E081 (9/01)

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