

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 10 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000032257

1. Corporation Name

JCS Holdings of South Florida Inc

2. Principal Office Address

1441 S Congress Avenue

Suite, Apt. #, etc.

City & State

Delray Beach Florida

Zip

33445

Country

USA

3. Mailing Office Address

1002 NW 5th Avenue

Suite, Apt. #, etc.

City & State

Delray Beach Florida

Zip

33444

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0909461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 01-03

600024567586  
11/10/03--01080--016 \*\*1050.00

**7. Name and Address of Current Registered Agent**

Name

JEFFREY L Smith

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

1002 NW 5th Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State  
FL

Zip Code

33444

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/26/03

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
Vice President	CEAN H Smith	1002 NW 5th Avenue	Delray Beach FL 33444

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/03

Date

561-251-9567

Daytime Phone #

CR2E081 (10/02)