

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000046527**

1. Corporation Name

JAH-NET'S TWO, INC.

Principal Place of Business

Mailing Address

3810 SOUTH STATE ROAD 7
MIRAMAR FL 33023

3810 SOUTH STATE ROAD 7
MIRAMAR FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1999

5. FEI Number

65-0939462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MASTIN, JANET	10321 S.W. 15TH STREET	PEMBROKE PINES FL 33025
V	YEE, SHARON	3810 SOUTH STATE ROAD 7	MIRAMAR FL 33023
T	GRAY, MICHAEL	3810 SOUTH STATE ROAD 7	MIRAMAR FL 33023

600027113436
01/16/04--01063--004 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, DAHLIA A ESQ.
3475 SHERIDAN STREET., #307
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Janet Mastin
REGISTERED AGENT MUST SIGN

Date

1/7/04

11. 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:

Janet Mastin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/04

Daytime Phone #