

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 22 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000049977

1. Corporation Name

J.F. CONSULTING ENTERPRISES, INC.

2. Principal Office Address

2190 N.E. 4th Street

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip
33062

Country
USA

3. Mailing Office Address

2190 N.E. 4th Street

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip
33062

Country
USA

REINSTATEMENT 00-02

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***1058.75 ***1058.75

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

5. FEI Number

65-0923668

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA M. QUINTANA

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

4821 KENSINGTON CIRCLE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State
FL

Zip Code
33076

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

REGISTERED AGENT MUST SIGN

Date

05/07/2002

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
PTD	FERNANDO JESUS QUINTANA	4821 KENSINGTON CIRCLE	CORAL SPRINGS, FL 33076
VSD	PATRICIA M. QUINTANA	4821 KENSINGTON CIRCLE	CORAL SPRINGS, FL 33076

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/2002 954-946-7067

Date

Daytime Phone #

CR2E081 (9/01)