

2004 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P99000056745

1. Entity Name

JEMSTAR INSURANCE AGENCY, INC.

Principal Place of Business

6568 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319

Mailing Address

PO BOX 450038
SUNRISE, FL 33345

2. Principal Place of Business

9795 NW 20 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33071

Country

USA

Zip

Country

10152004

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0929757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORELICK, JOSHUA
6568 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

Name

Joshua Gorelick

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

9795 NW 20 ST.

City

Coral Springs

FL

Zip Code

33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joshua Gorelick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-1-04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP
NAME GORELICK, JOSHUA
STREET ADDRESS 6568 RACQUET CLUB DR
CITY-ST-ZIP LAUDERHILL, FL 33319
Please Change to above

TITLE P
NAME BELLO, MARC
STREET ADDRESS 1422 NW 129 TERR
CITY-ST-ZIP SUNRISE, FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300042354923
11/01/04--01059--009 ***150.00

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Man Belb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04

DATE

319-3509
931-228-1116

Daytime Phone #

282

October 7, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

Re: Jemstar Insurance Agency, Inc
Tax id# 65-0929757

Dear Sir/Madam:

We are submitting our annual check of \$150.00 to renew our corporation. The reason we are late in submitting the check is because we never received a renewal notice. We are a small business which is worked on a part time basis. In reviewing our records we only just realized that the renewal form was not received nor was payment made.

In the past years our payment has always been submitted on time. We are requesting that you accept the regular renewal payment of \$150.00.

Sincerely,

Marc Bello
Joshua Gorelick

Marc Bello
Joshua Gorelick
Jemstar Insurance Agency
P.O. Box 450038
Sunrise, FL 33345

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