

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 15 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000070384**

1. Corporation Name

JET EQUIPMENT TRADING CO.
4111 S.W. 47th AVENUE, #317
DAVIE, FL. 33314

W01000000229

2. Principal Office Address

4111 S.W. 47th AVE., #317

Suite, Apt. #, etc.

#317

City & State

DAVIE, FL.

Zip

33314

Country

USA

3. Mailing Office Address

2201 NW 30th PLACE

Suite, Apt. #, etc.

SUITE A

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

REINSTATEMENT 00-01

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

8-9-99

5. FEI Number

65-0939321

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

CLIFFORD GELBER, CPA

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

2201 NW 30th PLACE

Suite, Apt. #, Etc.

SUITE A

City

POMPANO BEACH

State

FL

Zip Code

33069

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******900.00 ****900.00**

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

Clifford L. Gelber
REGISTERED AGENT MUST SIGN

Date **2/9/01**

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
PRES.	GLEN R. SCHENCK	4111 S.W. 47 th AVE, #317	DAVIE, FL. 33314
SEC.	RITA SCHENCK	4111 S.W. 47 th AVE, #317	DAVIE, FL. 33314

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: **Y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLEN SCHENCK, PRESIDENT

Date

1/29/01

Daytime Phone #

954-792-3757

CR2ED081 (9/00)