

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -7 AM 10:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

2000-0146R
P9900076075

1. Corporation Name

James Dee Inc.

2. Principal Office Address

5369 LYONS ROAD

Suite, Apt. #, etc.

City & State

Coconut Creek

Zip
33073

Country

United States

3. Mailing Office Address

5369 LYONS ROAD

Suite, Apt. #, etc.

City & State

Coconut Creek

Zip

33073 United States

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 17, 1999

5. FEI Number

65-0944237

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

Dorothy Frassetto

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

5133 NW 42nd Terrace

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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

Dorothy Frassetto

REGISTERED AGENT MUST SIGN

Date 2-01-00

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
President	Dorothy Frassetto	5133 NW 42nd Terrace	Coconut Creek FL 33073
Vice President	James Frassetto	5133 NW 42nd Terrace	Coconut Creek FL 33073
Treasurer			

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:

Dorothy Frassetto
Dorothy Frassetto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-00

Date

(954) 428-1105

Daytime Phone #

CR2E081 (9/00)

pg 2 of 3

STRATHMORE DELI RESTAURANT
5369 LYONS ROAD
COCONUT CREEK, FL 33073

Request taken by: lsellers
01-26-2001

The forms you recently requested from this office are:-

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

James Dee Inc.
5369 Lyons Road
Coconut Creek
TO Whom This May Concern:

2-

My Attorney Jay Roman inc us in - of
1999. I was not aware of the \$15000 per year
fee. This is our first year in business. ~~And~~
I personall did not receive a bill. Please
My Attorney whos office was in Boca Raton is no
longer there, I can't even get in touch with him.
I spoke to someone who was very helpfull I explained

Y situation to her. She advise me to
write a letter explaining what occurred. and
enclose a check for both years
which totaled \$300⁰⁰. I hope this is
Acceptable and ^{Apologize} apologize for any
inconvenience this has caused. Thank you
for your understanding in this matter.

Sincerely.

Dorothy Janttu

President

James Decline.