

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39231

1. Corporation Name

J.E.C. ENTERPRISES, INC.

2. Principal Office Address

407/409 E. Hallandale
Bch Blvd

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip
33009

Country
USA

3. Mailing Office Address

PO Box 1883

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip
33008

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

May 28, 1992

5. FEI Number
65-0335321

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Lynette Coleman
REGISTERED AGENT MUST SIGN

Lynette Coleman
as its agent

Date

3/30/2000

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.	JO ELLEN CARR	407-409 E. Hallandale Beach Blvd, Hallandale, FL 33009	Hallandale, FL 33009

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:

Jo Ellen Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Ellen Carr

Date

3/28/00

954-648-2831
Daytime Phone #

CR2E081 (9/99)