

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 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64973**

1. Corporation Name

Jory Ink.

2. Principal Office Address

4100 N. Powerville Road

Suite, Apt. #, etc.

Suite D-1

City & State

Pompano Beach Fla.

Zip

33073

Country

3. Mailing Office Address

6651 N.W. 41st Ter.

Suite, Apt. #, etc.

City & State

Coconut Creek Fla.

Zip

33073

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-92

5. FEI Number

65-0401647

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

Joseph V. Shrouder

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

6651 N.W. 41st Ter.

Suite, Apt. #, Etc.

Coconut Creek Fla.

City

400003796364-8

03/02/01 01079-027

******908.75 ****908.75**

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

Joseph V. Shrouder

REGISTERED AGENT MUST SIGN

Date **12-15-00**

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
D Owner	JOSEPH V SHROUDER	6651 N.W. 41st Ter.	Coconut Creek Fla. 33073

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:

Joseph V. Shrouder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-00 (954) 978-8299

Date

Daytime Phone #