

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000061567

1. Corporation Name

JRB 3, INC.
653 MONUMENT RD
JACKSONVILLE, FL 32225

000031084040
03/24/04--01059--003 **300.00

2. Principal Office Address

653 MONUMENT RD

3. Mailing Office Address

653 MONUMENT RD

Suite, Apt. #, etc.

APT 320

Suite, Apt. #, etc.

APT 320

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

US

Zip

32225

Country

US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6-4-2002

5. FEI Number

01-0717768

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

JAMES R. BROTHERS III

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

653 MONUMENT RD

Suite, Apt. #, Etc.

APT 320

City

JACKSONVILLE

State

FL

Zip Code

32225

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

Date

REGISTERED AGENT MUST SIGN

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
P	JAMES R BROTHERS III	653 MONUMENT RD APT 320	JACKSONVILLE, FL 32225

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James R Brothers III

3/4/04

904-721-7295

2052

March 4, 2004

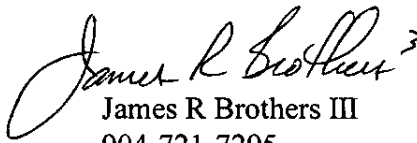
Florida Dept. of Corporations
Tallahassee, FL

To Whom It May Concern,

When I incorporated the person who drew up the corporate papers listed herself as registered agent and gave her address for all notifications from the State of Florida. She has since closed up shop and I have no way of locating her.

She never notified me that a registration fee was due and I never received notification of the annual business report since the papers were sent to her. I respectfully, request that the \$600.00 reinstatement fee be waived since I never received the notice. I am enclosing a reinstatement form and \$300.00 which I was told would cover both 2003 and 2004 registration fees.

Sincerely,


James R Brothers III
904-721-7295