

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 15 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63282

1. Corporation Name
JOTE SONS INC

2. Principal Office Address - No P.O. Box #
6261 NEWBERRY RD

3. Mailing Office Address

Suite, Apt. #, etc.
OAKS MALL

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL 32605

City & State

Zip Country
32605 US

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **9/9/1992**

5. FEI Number **59-2933992** 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
PREM JOTWANI

Street Address (P.O. Box Number is Not Acceptable)
6261 NEWBERRY RD

Suite, Apt. #, Etc.
OAKS MALL

City State Zip Code
GAINESVILLE FL 32605

800235103678
05/15/12--01008--006 **250.00

800235103678
05/15/12--01008--006 **300.00

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 *Prem Jotwani*

Date **5/11/2012**

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	PREM JOTWANI	6261 NEWBERRY RD, OAKS MALL	GAINESVILLE, FL 32605
VP	DINESH JOTWANI	6261 NEWBERRY RD, OAKS MALL	GAINESVILLE, FL 32605

REINSTATEMENT 10-12

10. E-mail Address: **ronhowellaccountants@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in articument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Prem Jotwani* 5/11/2012 352-332-3427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Prem Jotwani
6261 Newberry Road, Oaks Mall
Gainesville FL 32605
Phone 352-332-3427
Fax 352-332-0274
Email – ronhowellaccountants@gmail.com

May 11, 2012

Florida Division of Corporations
PO Box 6327
Tallahassee FL 32314

**RE: DOCUMENT # V63282 AND P12000035889 – BOTH NAMED JOTE
SONS,INC.**

Dear Sir or Madam

I am the President and Registered Agent of both of the above named corporations.

I recently dissolved Jote Sons Inc Document # P12000035889.

WE WILL NOT REINSTATE that corporation and we hereby release the name of Jote
Sons Inc to be used immediately.


We need to reinstate Document # V63282 – Jote Sons Inc ASAP please.

Enclosed is a completed reinstatement application and the related fees totaling
\$ 1,050.00.

Two money orders, \$ 800.00 and \$ 250.00 totaling \$ 1,050.00.

Again, please reinstate Jote Sons Inc Document # V63282 as soon as possible.

Please call if you have any questions. All contact info is shown above.

Thank you.

Prem Jotwani
President and Registered Agent