PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC 31 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 212005

1 Corporation Name

JIMAR, INC.

Principal Place of Business	Mailing Address
2405 ARDSON PL STE 903A TAMPA FL 33629 US	P.O. BX 10037 ~~3030 EDGEWOOD COURT~~ TAMPA FL 33679-0037 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 10037
City & State	City & State Tampa, FL U.S.
Zip / Country	Zip 33679-0037 / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/08/1958

5. FEI Number: 59-6077207 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $37.5 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDC	HOLLINGSWORTH,MAX H	2405 ARDSON PLACE #903	TAMPA FL 33629
VD	HOLLINGSWORTH, JAMES R	7528 EASTON RD	OTTSVILLE PA 18942
VTSD	PERDIGON, MARGARET H	2311 LILA LANE	TAMPA FL 33629
VD	HOLLINGSWORTH,IVY M	2405 ARDSON PLACE #903	TAMPA FL 33629
D	GERMANY, JOHN	400 N. ASHLEY DRIVE, STE 2300	TAMPA FL 33602

REINSTATEMENT 12/31/96

8. Name and Address of Current Registered Agent

PERDIGON, MARGARET H
2311 LILA LANE
TAMPA FL 33629

9. Name and Address of New Registered Agent/Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

100002046041--5
-01703797--01179--027
****375.00 ****375.00

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Margaret H Perdigon — Date: 12-26-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Max Hollingsworth Jr. — 12/26/96 — (813) 227-6647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077783 AF