

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 10 AM 11:01

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 254373

1. Corporation Name

JACK PECTOR SPECIALTIES COMPANY

2. Principal Office Address - No P.O. Box #  
4278 IMPERIAL ISLE DR.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33449

Country

USA

3. Mailing Office Address

4278 IMPERIAL ISLE DR.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33449

Country

USA

**REINSTATEMENT**

CR2E081 (10/08)

02-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

HAROLD N SCHUYLER

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

4278 IMPERIAL ISLE DR.

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33449

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/06/08

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	HAROLD N SCHUYLER	4278 IMPERIAL ISLE DR.	LAKE WORTH, FL 33449
S/T	RONA SCHUYLER	4278 IMPERIAL ISLE DR.	LAKE WORTH, FL 33449

400137793804  
11/10/08--01062--007 \*\*300.00

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAROLD N SCHUYLER

11/06/08

561-790-4600