

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 359311

1. Corporation Name

J.G. JESS TAYLOR & SONS, INC.

2. Principal Office Address - No P.O. Box #

4900 MANGO BLVD

Suite, Apt #, etc.

City & State

WEST PALM BEACH FL

Zip Country
33411-9179 USA

3. Mailing Office Address

4900 MANGO BLVD

Suite, Apt #, etc.

City & State

WEST PALM BEACH FL

Zip Country
33411-9179 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/06/1970

5. FEI Number

59-1293682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mombach, Boyle, Hardin & Simmons, P.A

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

100 NE Third Avenue

Suite, Apt #, Etc.

STE 1000 - Att: T. PEREZ

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

William H. Mombach
REGISTERED AGENT MUST SIGN

Date

7/31/24

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/D/S	G. WADE TAYLOR	4900 MANGO BLVD	WEST PALM BEACH FL 33411-9179

M. MOON
AUG 02 2024

10. E-mail Address: jgesstaylorsonsin@yahoo.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, 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 a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

G. Wade Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-2024

5619194086

Date

Daytime Phone #