

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 12 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 367793

1. Corporation Name
JEDRO Corp

Principal Place of Business Mailing Address
2895 Cabbage Hammock Rd
St. Augustine, FL 32092

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

REINSTATEMENT 01-99

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
7/31/70

5. FEI Number
59-2644251

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

SP
Applied For
Not Applicable

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, T	Susan A. Thomassen	2895 Cabbage Hammock Rd	St. Augustine, FL 32092
VP	Don B. Thomassen	2895 Cabbage Hammock Rd	St. Augustine, FL 32092

600002966226-3
-08/23/99-01006-018
***1992.50 ***1992.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Susan A. Thomassen
2895 Cabbage Hammock Rd
St. Augustine, FL 32092

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Susan A. Thomassen*
REGISTERED AGENT MUST SIGN

Date 8/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: *Susan A. Thomassen* 8/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan A. Thomassen

Date 904-824-3497
Daytime Phone #

CRP081 (12/98)