

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011-2015

DOCUMENT # 426515

1. Corporation Name

J+A INVESTMENTS OF SARASOTA,  
INC.

2. Principal Office Address - No P.O. Box #  
1715 RAY COVE RD

3. Mailing Office Address  
1715 RAY COVE RD

Su.

Suite, Apt. ...

City & State

FRANKLIN NC

City & State

FRANKLIN, NC

Zip

Country

28734

MACON

Zip

Country

28734

MACON

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/23/73

5. FET Number

59-1467859

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

MICHAEL D. PLESKACH

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

4342 CLEARY WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32828

800274933398  
07/10/15--01021--022 \*\*1350.00

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

Michael Pleskach

Date

7/6/15

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	KASMER PLESKACH	1715 RAY COVE RD	FRANKLIN, NC 28734
T/S	MARY PLESKACH	1715 RAY COVE RD.	FRANKLIN, NC 28734

10. E-mail Address: KAZZMARY@FRONTIER.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:

Kasmer Pleskach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/15

828/369-0109

Daytime Phone #