

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **446569**

1. Corporation Name

JAA5 CORP.

W10000023299

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

748 Westmoreland Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 10294

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

Zip

32120-0294

Country

7. Name and Address of Current Registered Agent

Name

Johnny Van Session

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

724 Orange Ave

Suite, Apt. #, Etc.

City

Daytona Beach, FL

State

FL

Zip Code

32114

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

Johnny Van Session

REGISTERED AGENT MUST SIGN

Date

5/3/2010

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
PD	Session, Johnny Van	724 Orange Ave	Daytona Beach, FL 32114
T-D	ADAMS, Joe	748 Westmoreland Road	Daytona Beach, FL 32114
D	Jones, Curtis deceased	213 Garden Street	Daytona Beach, FL 32114
D	Allen, Columbus deceased	441 Lincoln Street	Daytona Beach, FL 32114

10. E-mail Address: **SessionJVC@clearwire.net**

(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., 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.

SIGNATURE:

Johnny Van Session

Johnny VAN Session

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2010

Date

386-405-5963

Daytime Phone #

FILED

10 MAY 20 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200180667282
05/20/10--01028--008 **300.00
200180667282
05/10/10--01077--018 **600.00

REINSTATEMENT

05-10

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida

2/19/1974

5. FEI Number

59-1515830

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

5/21