

2006 - 2007

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

07 OCT -2 AM 10:52

CLERK OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 617061

1. Corporation Name

JA-NO Assoc.

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

1100 FIELDWOOD BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

1100 FIELDWOOD BLVD.

Suite, Apt. #, etc.

City & State

LAKE MARY FL. 32746

Zip

Country

City & State

LAKE MARY FL. 32746

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/1979

5. FEI Number

59-2007983

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 B. MYERS

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

1100 FIELDWOOD BLVD.

Suite, Apt. #, Etc.

City

LAKE MARY FL.

State

FL

Zip Code

32746

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 B. Myers Pres.

Date

9/23/07

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
PRES	MICHAEL B. MYERS	1100 FIELDWOOD BLVD.	LAKE MARY FL. 32746
VP	JACQUELINE M. MYERS	1100 FIELDWOOD BLVD.	LAKE MARY FL. 32746
SEC	SEAN M. MYERS	297 DUBLIN DR.	LAKE MARY, FL. 32746

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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Myers

Date

Daytime Phone #

9/23/07 407-869-3473