

**CORPORATION  
REINSTATEMENT**

2008-2014



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

APPROVED  
AND  
FILED

14 JUN 26 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

JFD, Inc. #630727

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

1519 Dory Lane

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32409

Country

Bay

3. Mailing Office Address

1519 Dory Lane

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32409

Country

Bay

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/1980

5. FEI Number

591921628

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

John F Daniel

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

1519 Dory Lane

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32409

400261736214  
06/27/14--01001--002 \*\*1650.00

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

Date

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
PST	John F Daniel	1519 Dory Lane	Panama City, FL 32409
VP	Barbara S Daniel	1519 Dory Lane	Panama City, FL 32409

10. E-mail Address: daniel\_john@bellsouth.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., 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:

*John F Daniel* 6-17-14 850 832 0423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

K ASHTON