

**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

3. Mailing Office Address

1519 Dory Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32409

Country

Bay

Zip

32409

Country

Bay

CR2E081 (11/10)

4. Date Incorporated or Qualified
7. No. 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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F Daniel 6-17-14 850

Date

8320488

Daytime Phone #