

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **652964**

1. Corporation Name

JAY-CON, INC.

2. Principal Office Address

3301 LAKEVIEW OAKS DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3301 LAKEVIEW OAKS DR

Suite, Apt. #, etc.

City & State

Longwood, FL.

City & State

Longwood, FL

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/80

5. FEI Number

592028919

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

DARRELL G. RUPERT

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

3301 LAKEVIEW OAKS DR.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

Darrell G. Rupert
REGISTERED AGENT MUST SIGN

Date **11-17-00**

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	DARRELL G. RUPERT	3301 LAKEVIEW OAKS DR.	Longwood, FL 32779

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***1358.75 ***1358.75

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 in 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. All fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Darrell G. Rupert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 644-8281

Daytime Phone #

CR2E081 (9/99)