

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 4:20

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666736

1. Corporation Name

Ja-Rod Services, Inc.

2. Principal Office Address

2933 N. Myrtle Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2251

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32209

Country

U.S.

City & State

Jacksonville

Zip

32203

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/80

5. FEI Number

592279429

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

Darryl Jackson, CPA

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

101 E. Union St.

Suite, Apt. #, Etc.

400

City

Jacksonville

State

FL

Zip Code

32202

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

Darryl Jackson

REGISTERED AGENT MUST SIGN

Date 10/20/06

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	Janice Nelson	8789 San Jose Blvd	Jacksonville, FL 32217
Director/ Secretary	Tony Nelson	8789 San Jose Blvd	Jacksonville, FL 32217
Treasurer	Jeff Scott	8789 San Jose Blvd	Jacksonville, FL 32217

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:

Janice Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

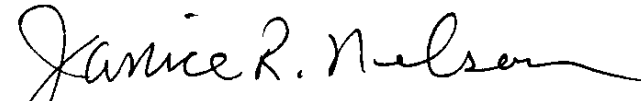
**Ja-Rod Services, Inc.
2933 N. Myrtle Ave.
Jacksonville, FL 32209**

October 20, 2006

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Corporate Reinstatement Section,

Ja-Rod Services, Inc. did not receive an annual report notice for the year of 2006.


Janice Nelson
President