

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 25 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 689401

1. Corporation Name

Jarvis Shoppe, Inc.

**REINSTATEMENT** 83-02

2. Principal Office Address  
903 50th St. Ct. W.

3. Mailing Office Address  
903 50th St. Ct. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip  
34209

Country  
Manatee

Zip  
34209

Country  
Manatee

4. Date Incorporated or Qualified  
To Do Business in Florida

October 1, 1980

5. FEI Number  
59-2028149

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

Camden A. Jarvis

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

903 50th St. Ct. W.

Suite, Apt. #, Etc.

City

Bradenton

State  
FL

Zip Code  
34209

600005108608--8  
-03/14/02--01064-037  
\*\*\*2810.00 \*\*\*2810.00

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

*Camden A. Jarvis*  
REGISTERED AGENT MUST SIGN

Date 2-21-02

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. & Tres.	Camden A. Jarvis	903 50th St. Ct. W.	Bradenton, FL 34209
VP. and Secretary	Jane D. Jarvis	903 50th St. Ct. W.	Bradenton, FL 34209

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 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:

*Camden A. Jarvis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

(941) 792-4668

Daytime Phone #

CR2E081 (8/01)

MR. CAMDEN A. JARVIS  
903 50<sup>TH</sup> STREET COURT WEST  
BRADENON, FLORIDA 34209  
(941) 792-4668

February 21, 2002

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

**RE: JARVIS SHOPPE, INC.; DOCUMENT # 689401**

Dear Sir or Madam:

Enclosed is a "Corporation Reinstatement" form duly executed by me and my check in the amount of \$2,810 (\$2,801.25 reinstatement fees and \$8.75 for a Certificate of Status).

Please mail the Certificate of Status to:

Bill Johnson  
P.O. Box 25020  
Bradenton, FL 34206

Very truly yours,

Camden A. Jarvis