

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0000 000 1247

1. Corporation Name

JTEA, Inc.

2. Principal Office Address

2909 Gulf to Bay Blvd.

Suite, Apt. #, etc.

P-202

City & State

Clearwater, FL

Zip

33759

Country

Pinellas

3. Mailing Office Address

2909 Gulf to Bay Blvd.

Suite, Apt. #, etc.

P-202

City & State

Clearwater, FL

Zip

33759

Country

Pinellas

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

1-14-00

5. FEI Number

91-2018004

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

Jim Auxier

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

2909 Gulf to Bay Blvd.

Suite, Apt. #, Etc.

P-202

City

Clearwater

State

FL

Zip Code

33759

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

James E. Auxier

REGISTERED AGENT MUST SIGN

Date

8-2-04

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
chairman	James E. Auxier	2909 Gulf to Bay Blvd, #P-202	Clearwater, FL 33759
P/D	same		
S	same		

500039952275
08/06/04--01060--011 **600.00

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:

James E. Auxier

Date

8-2-04

Daytime Phone #

727 796 4341

CR2E081 (01/04)

2052

8/2/04

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

James E. Auxier, President
JTEA, Inc.
2909 Gulf to bay Blvd.
#P-202
Clearwater, FL 33759

To Whom it May Concern:

I am writing asking for a waiver of the \$600 reinstatement fee for JTEA, Inc., document number F00000001247. I did not receive the 2001 Annual Report Forms to properly file with the state. Your records show 2 attempts, both returned to your office. My registered agent in Nevada moved their office at about that time and apparently the mail wasn't forwarded to them.

I am including \$600 for the filing fees for the last 4 years and a reinstatement form. I am assuming the registered agent role so I will receive the paperwork. I can do this now that our schedule does not have us traveling all over the US.

Sincerely:

A handwritten signature in cursive script that reads "James E. Auxier, President".

James E Auxier, President