

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F000000004028

1. Corporation Name

Jordan Technologies, INC

2. Principal Office Address - No P.O. Box #

2820 S. English Station Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Louisville, KY

City & State

SAME

Zip

40299

Country

USA

Zip

SAME

Country

SAME

7. Name and Address of Current Registered Agent

Name

CT Corporation,

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

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Gene Beckwith

REGISTERED AGENT MUST SIGN

Date 3-29-2010

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	Mark Jordan	2820 S. English Station Rd.	Louisville, KY 40299
V.P	John Jordan, JR.	SAME	SAME
V.P	Paul Jordan	SAME	SAME

10. E-mail Address: Lweaver@jordantech.com

(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., 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.

SIGNATURE:

Gene Beckwith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2010

Date

Daytime Phone #

FILED

10 JUN -1 PM 3:54

RECEIVED
TALLAHASSEE, FLORIDA

200175024182
04/08/10--01050--010 **750.00

REINSTATEMENT
CR2E081 (4/09)

04-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/1994

5. FEI Number

01-1262950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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06/20/10--01066--024 **1367.50

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