

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Wood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000006350**

1. Corporation Name

JOBBANK USA, INC.

Principal Place of Business

1890 SOUTH 14TH ST., STE 301
FERNANDINA BEACH FL 32034

Mailing Address

1417 SADLER RD. #331
FERNANDINA BEACH FL 32034

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1417 Sadler Rd.

Suite, Apt. #, etc.

#331

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

3. New Mailing Office Address, If Applicable

#331

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

58-2308888

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	WARNER, BRETT	1890 SOUTH 14TH ST. <i>1417 Sadler Rd. #331</i>	FERNANDINA BEACH FL
			500024411995 11/04/03--01047--013 **150.00

8. Name and Address of Current Registered Agent

WARNER, BRETT
1890 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

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

1417 Sadler Rd. #331

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Brett Warner

REGISTERED AGENT MUST SIGN

Date

10/29/03

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 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:

Brett Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03

Daytime Phone #

904-678-318-1775

CR2040 (7/03)



1417 Sadler Rd. #331 Fernandina Beach, FL 32034

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

October 29, 2003

To Whom It May Concern:

Please note we did not receive prior mailings from the Division of Corporations and therefore filing without penalty the amount of \$150.00.

Best regards,

A handwritten signature in black ink, appearing to read "Brett C. Warner".

Brett C. Warner
CEO & President
JobBank USA