

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000001516

1. Entity Name  
J SQUARED INC.



FILED

08 DEC 18 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2222 HILLSIDE AVE  
INDIANAPOLIS, IN 46218

Mailing Address  
2222 HILLSIDE AVE  
INDIANAPOLIS, IN 46218

2. Principal Place of Business - No P.O. Box #  
2588 Jannetides Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
2588 Jannetides Blvd  
Suite, Apt. #, etc.



City & State  
Greenfield, IN  
Zip  
46140  
Country  
USA

City & State  
Greenfield, IN  
Zip  
46140  
Country  
USA

4. FEI Number  
35-1745169

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANNETIDES, JAMES  
5240 62ND AVE SOUTH  
ST. PETERSBURG, FL 33715

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Jannetides

12/11/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JANNETIDES, JAMES	
STREET ADDRESS	5240 62ND AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	T	<input type="checkbox"/> Delete
NAME	JANNETIDES, ELAINE	
STREET ADDRESS	2222 HILLSIDE AVE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46218	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANNETIDES, NICK	
STREET ADDRESS	2222 HILLSIDE AVE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200139134602
CITY-ST-ZIP	12/18/08--01031--007 **150.00
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2588 Jannetides Blvd
CITY-ST-ZIP	Greenfield, IN 46140
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2588 Jannetides Blvd
CITY-ST-ZIP	Greenfield, IN 46140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Jannetides

Date

Daytime Phone #