

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
~~XXXXXXXXXX~~
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 22 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F93000004568*

1. Corporation Name

JETTA PRODUCTS, INC.

800007632118--3
-09/10/02--01042--001
***1500.00 ***1500.00

2. Principal Office Address

1200 LEE ST

Suite, Apt. #, etc.

City & State

WILDWOOD, FL.

Zip

Country

34785

USA

3. Mailing Office Address

1200 LEE ST

Suite, Apt. #, etc.

City & State

WILDWOOD, FL

Zip

Country

34785

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCT. 6, 1993

5. FEI Number

73-1296037

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

CHARLES R. JOHNS

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

1200 LEE ST.

Suite, Apt. #, Etc.

City

WILDWOOD

State

FL

Zip Code

34785

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

Charles R. Johns

Date *8/16/02*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>CHARLES R. JOHNS</i>	<i>1200 LEE ST.</i>	<i>WILDWOOD, FL 34785</i>

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.

Charles R. Johns

SIGNATURE: *CHARLES R. JOHNS, PRESIDENT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02
Date

(352) 330-1630
Daytime Phone #

CR2E081 (9/01)