

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 10:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F98000004100

1. Corporation Name

JBM, INCORPORATED OF TENNESSEE

Principal Place of Business

Mailing Address

PO BOX 1309 KNOXVILLE TN 37901

PO BOX 1309 KNOXVILLE TN 37901



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1369104

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include PATE, RAY H; BALL, RUEL C JR; STILES, JAMES W.

200003478742--2 -11/28/00--01089--002 \*\*\*\*\*758.75 \*\*\*\*\*758.75 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRBY, BOB 6423 SHADOWBROOK DRIVE EAST LAKELAND FL 33813

Form for New Registered Agent with fields for Name, Street Address, Suite, City, State (FL), and Zip Code.

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.

Signature of Registered Agent

Bob Kirby

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/00

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:

James W. Stiles SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/31/00

Daytime Phone #

CR2E040 (8/00)