

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000004100

1. Corporation Name

JBM, INCORPORATED OF TENNESSEE

FILED

00 NOV -3 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 1309
KNOXVILLE TN 37901

Mailing Address

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

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
P	PATE, RAY H	1923 CHESTNUT GROVE ROAD	KNOXVILLE TN 37932
S	BALL, RUEL C JR	2520 STONE CREEK DRIVE	KNOXVILLE TN 37918
T	STILES, JAMES W	2709 MARY EMILY LANE	KNOXVILLE TN 37924
			200003478742--2 -11/28/00--01089--002 *****758.75 *****758.75 LS

8. Name and Address of Current Registered Agent

KIRBY, BOB
6423 SHADOWBROOK DRIVE EAST
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

10/31/00

Date

Daytime Phone #

CR2E040 (8/00)