

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G00363

1. Corporation Name

E. MARK JEPSON, INC.

Principal Place of Business

Mailing Address

% E. MARK JEPSON
P.O. BOX 357 HWY 20 EAST
BLOUNTSTOWN FL 32424

% E. MARK JEPSON
P.O. BOX 357 HWY 20 EAST
BLOUNTSTOWN FL 32424

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1982

5. FEI Number

59-2220854

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	JEPSON, ORMA JEAN S	P.O. BOX 357 HWY 20 EAST	BLOUNTSTOWN FL
PD	JEPSON, E. MARK	P.O. BOX 357 HWY 20 EAST	BLOUNTSTOWN FL
VD	JEPSON, MATTHEW R	P O BOX 184 217 S. MAIN	BLOUNTSTOWN FL
	Mr. Jeppson was killed in automobile accident on 10/24/97.		000002707410-3 12/03/98-01072-005 ****150.00 ****150.00
			12/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEPSON, E. MARK
P.O. BOX 357 HWY. 20 EAST
BLOUNTSTOWN FL 32424

Deceased

Name

Orma J. Jeppson

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

P.O. Box 357

Suite, Apt. #, Etc.

City

Blountstown

Physical Location

Highway 12 South

Bristol, FL

32321

State

FL

Zip Code

32424

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

Orma Jean S. Jeppson
REGISTERED AGENT MUST SIGN

Date

11/23/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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:

Orma Jean S. Jeppson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98

Date

850-643-2415

Daytime Phone #

November 23, 1998

TO: Mr. Sean Toner
FROM: Orma J. Jeppson
E. Mark Jeppson, Inc.



As per our conversation on this day, I am enclosing a check for \$150.00, As we discussed on the phone Mr. Jeppson, President and owner of all the stock, was killed in an automobile accident late 1998.

Thank you for your assistance in this matter.