

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 27 PM 12:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G25621

1 Corporation Name

FOUR J'S LEASING & RENTALS, INC.

Principal Place of Business

Mailing Address

% JAMES C. CONDRACK, JR.
5610 DORAL DRIVE
SARASOTA FL 34243-0841

% JAMES C. CONDRACK, JR.
5610 DORAL DRIVE
SARASOTA FL 34243-0841

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

REINSTATEMENT 9600

4 Date Incorporated or Qualified
To Do Business in Florida

02/25/1983

5 FEI Number

59-2272168

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CONDRACK, JAMES C., JR.	5610 DORAL DRIVE	SARASOTA FL
VST	CONDRACK, JEFFREY	6328 SAMOA DRIVE	SARASOTA FL

100002042131--8
-12/31/96--01055--003
***1125.00 ***375.00

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

CONDRACK, JAMES C., JR.
5610 DORAL DRIVE
SARASOTA FL 34243

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

James Condrack Jr.
REGISTERED AGENT MUST SIGN

Date 12-23-96

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-96 941-3575588

Date

Daytime Phone #