

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
1998 FOR AR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

10/16/98

1998 NOV 30 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G40791**

1. Corporation Name

**J.F. PORTER, INC.**

Principal Place of Business

Mailing Address

2175 SE 58TH AVENUE  
OCALA FL 32671

2175 SE 58TH AVENUE  
OCALA FL 32671

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/17/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2314157	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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	PORTER, JAMES F	2175 S.E. 58TH AVENUE	OCALA FL
EVST	PORTER, JACQUELINE	2175 SE 58TH AVENUE	OCALA FL
VP	PORTER, SEAN L	2185 SE 58TH AVENUE	OCALA FL
VP	PORTER, RICHARD M.	2175 SE 58TH AVENUE	OCALA FL
VP	PORTER, JAMES JR.	2175 SE 58TH AVENUE	OCALA FL
VP	PORTER, HOLLY	2175 SE 58TH AVENUE	OCALA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PORTER, JAMES F.  
2175 S.E. 58TH AVENUE  
OCALA FL 32671

Name

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

Suite, Apt. #, Etc.

City

7000002705407--4

-12/08/98-01005-010

\*\*\*150.00 \*\*\*150.00

State

Zip Code

FL

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 F. Porter*  
**REGISTERED AGENT MUST SIGN**

Date

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)(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 F. Porter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/98  
Date

352-624-0101  
Daytime Phone #

CR2E040 (8/98)

2175 SE 58th Avenue  
Ocala, FL 32671  
(904) 624-0101  
Business Office



8505 SW State Rd 200  
Ocala, FL 32674  
(904) 854-6611  
Branch Office

November 25, 1998

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Request For Abatement Of Penalty

Gentlemen:

Enclosed is my check for 150.00 along with my application for corporate reinstatement.

I am requesting an abatement of the penalty & fines on this, as I never received the original form.

We have been in business since 1981, and have always filed timely.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Jacqueline Porter'.

Jacqueline Porter

encl:2