

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:44

DOCUMENT # J21409

1. Corporation Name

JEFFERSON BUILDERS MART & HARDWARE COMPANY, INC

Principal Place of Business

1400 SOUTH JEFFERSON ST.
MONTICELLO FL 32344

Mailing Address

1400 SOUTH JEFFERSON ST.
MONTICELLO FL 32344

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

Date Incorporated or Qualified
To Do Business in Florida

06/26/1986

5. FEI Number

59-2695916

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FREEMAN, LARRY D.	1400 S. JEFFERSON ST.	MONTICELLO FL
ST	FREEMAN, TERESA D.	1400 S. JEFFERSON ST.	MONTICELLO FL
P/D	Freeman, Teresa D.	1400 S. Jefferson St.	Monticello FL 32344
VP/D	Beatty, William C.	1400 S. Jefferson St.	Monticello FL 32344
ST/D	Freeman, Larry D.	1400 S. Jefferson St.	Monticello FL 32344

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REICHMAN, MICHAEL A. 380 N. JEFFERSON MONTICELLO FL 32344	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	4000003500494--0 -12/13/00--01107--013 ***750.00 ***750.00 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/4/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-00

Daytime Phone #

850997

2519