

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

09 MAY 25 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 09



05192009 REIN-P CR2E098 (1/07)

<b>DOCUMENT # J30705</b>	
1. Entity Name <b>JOMAX AUTO SALES (INC.)</b>	



Principal Place of Business <b>37746 EILAND BLVD ZEPHYRHILLS, FL 33541</b>	Mailing Address <b>37746 EILAND BLVD ZEPHYRHILLS, FL 33541</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>MAXON, ROBERT A. 37746 EILAND BLVD ZEPHYRHILLS, FL 33542</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAXON, ROBERT A. 2401 HIGHWAY 39 SOUTH ZEPHYRHILLS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000156333333 <input type="checkbox"/> Addition 05/25/09--01001--015 **165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXON, CHERYL L. 2401 HIGHWAY 39 SOUTH ZEPHYRHILLS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Maxon **ROBERT A. MAXON** 5/19/09 813-788-5539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

205/26

*Jomax Auto Sales, Inc.*

37746 Eiland Blvd.  
Zephyrhills, Florida 33542  
813-788-5539

May 20, 2009

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

To whom it may concern:

In reference to your letter of notice, of dissolution of Jomax Auto Sale, Inc.  
Annual Report Document # J30705 .

This is an absolute oversight. To my knowledge, I did not receive prior  
notification of this action.

I believe I have reasonable cause for this request as I have always met this  
obligation for the last 30 odd years that I have been in business.

Respectfully, I ask that you consider this unforeseen situation and waive the  
reinstatement fee.

Thank you,

*Robert A. Maxon*  
Robert A. Maxon