

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



FOR REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J76352

1. Corporation Name

J.O.D. PRINTERS, INC.

Principal Place of Business

* JERRY H. KINARD
8201 N. DAVIS HWY
PENSACOLA FL 32514

Mailing Address

* JERRY H. KINARD
8201 N. DAVIS HWY
PENSACOLA FL 32514

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Deana A. Kinard
Suite, Apt. #, etc.
2420 E. Olive Rd., Ste B
City & State
Pensacola, FL
Zip
32514 Country
USA

3. New Mailing Office Address, If Applicable

Deana A. Kinard
Suite, Apt. #, etc.
2420 E. Olive Rd., Ste B
City & State
Pensacola, FL
Zip
32514 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1987

5. FEI Number

59-2812317

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
D P	KINARD, DEANA A	8769 MEADOWBROOK DR.	PENSACOLA FL 32514

400008627104
10/28/02--01088--016 **150.00

8/10/37

8. Name and Address of Current Registered Agent

KINARD, DEANA A
8102 N. DAVIS HWY.
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name
Deana A. Kinard
Street Address (P.O. Box Number is Not Acceptable)
2420 E. Olive Rd., Ste B
Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32514

CFR2ED40 (802)

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. or 617.0505, F.S.

Signature of Registered Agent

Deana A. Kinard

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date 10-24-02

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:

Deana A. Kinard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02 850-477-6112

Date

Daytime Phone #



PRINTSHACK®

- Professional Printing
- Advertising Specialties
- Business Promotions

10-24-02

To whom it may concern,

I Deana A. Kinard - Owner + President of J.O.D. Printers, Inc never received a UBF Notice, prior to this one. I would like to apply for reinstatement - due to Failure to receive the forms. Thank you very much for your consideration.

Sincerely
Deana A. Kinard
President

"The Competition Doesn't Even Come Close"

