

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE	
		Katherine Harris Secretary of State	
		DIVISION OF CORPORATIONS	
DOCUMENT # K00880			
1. Corporation Name			
JRV Industries, Inc.			
2. Principal Office Address		3. Mailing Office Address	
615 Industrial Ave.		615 Industrial Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Live Oak, FL		Live Oak, FL	
Zip	Country	Zip	Country
32064		32064	

FILED

02 APR -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	
11-23-87	
5. FEI Number	Applied For
59-2854595	Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

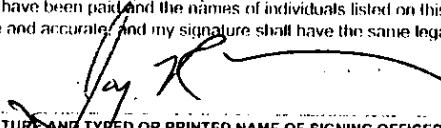
7. Name and Address of Current Registered Agent	
Name	
Peele, S. Austin	
Street Address (P.O. Box Number is Not Acceptable)	
327 N. Hernando St.	
Suite, Apt. #, Etc.	
City	State / Zip Code
Lake City	FL 32055

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	Date
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jay R. Vass	615 Industrial Ave.	Live Oak, FL 32064

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10. 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)(b), 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:	Date
	4/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
386 364 5623	
Daytime Phone #	