

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JUN -9 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K17891

1. Corporation Name

JIMBO'S BEACH SERVICE, INC.

Principal Place of Business

% JAMES B. HOLLOWAY, III
145 CHRISTOPHER DRIVE
PANAMA CITY BEACH FL 32413

Mailing Address

% JAMES B. HOLLOWAY, III
145 CHRISTOPHER DRIVE
PANAMA CITY BEACH FL 32413

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1988

5. FEI Number

59-2873503

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	HOLLOWAY, JAMES B., III	121 CHRISTOPHER DR	PANAMA CITY BCH FL
D	HOLLOWAY, JAMES B., III	121 CHRISTOPHER DR	PANAMA CITY BCH FL
			800002208948-8 -06/11/97-01078-022 *****8.75 *****8.75

REINSTATEMENT

-96-97

6-10-97

8. Name and Address of Current Registered Agent

HOLLOWAY, JAMES B., III
121 CHRISTOPHER DR
PANAMA CITY BEACH FL 32407

9. Name and Address of New Registered Agent

Name

800002208948-8

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

-06/11/97-01078-024
*****15.00 *****15.00

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 B. Holloway III
REGISTERED AGENT MUST SIGN

Date

6/4/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 B. Holloway III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97 (804) 234-2122