

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K20568
1. Corporation Name
JACK & SON AUTO BODY, INC.

Principal Place of Business Mailing Address
326 S "H" ST 326 S "H" ST
LAKE WORTH FL 33460 LAKE WORTH FL 33460

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

FILED

01 NOV -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida 04/07/1988
5. FEI Number 65-0126572 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	City / State / Zip
DP	ROBERTS, JACK D.	4645 MEE CT	LAKE WORTH FL
D	ROBERTS, DAVID L.	4645 MEE CT	LAKE WORTH FL

100004705511--5
-12/05/01--01025--002
****150.00 ****150.00
LS

8. Name and Address of Current Registered Agent
ROBERTS, JACK D.
4645 MEE CT
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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 Jack D. Roberts Date 10/25/01
REGISTERED AGENT MUST SIGN

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: David Roberts 10/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2002

JACK & SON AUTO BODY

326 South "H" Street
Lake Worth, FL 33460
561-585-9699

October 25, 2001
State of Florida
Department of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

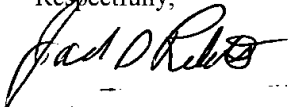
I am writing to ask that a deferment of the fine imposed by your office to my corporation be lifted.

I have been inactive for 9 months from my business due to being treated for cancer. I have had one surgery followed by 38 treatment sessions.

I have no knowledge of receiving the annual notice for the filing of the corporate report for 2001. Please accept my apology.

I am enclosing a check for \$150.00 along with the completed form in hopes that the fine will be lifted.

Respectfully,



Jack D. Roberts
Owner