## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 NOV -1 AM 10: 10

SECRETARY OF STATE TALLAHASSEE: FLORIDA

**APPLICATIO** 

K20568

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REINSTATEME

DOCUMENT #

1. Corporation Name

JACK & SON AUTO BODY, INC.

Mailing Address   Mailing Ad								1			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. Now Frincipal Office Address, If Applicable  3. Now Marting Office Address, If Applicable  3. Now Marting Office Address, If Applicable  3. Now Marting Office Address, If Applicable  4. Date incorporated or Qualified  To Do Business in Florida  4. Date incorporated or Qualified  To Do Business in Florida  4. Date incorporated or Qualified  To Do Business in Florida  4. OA/07/1988  5. FEI Number  65-0126572  Applicable  6. FEI Number  65-0126572  Applicable  7. Names and Stroot Addresses of Each Officer and/or Director (Florida nonpolit corporations must let at least 3 directors)  7. Names and Stroot Addresses of Each Officer and/or Director Street Address of Each Officer and/or Director Address of Each Officer Address of New Registered Agent  8. Name Address of Current Registered Agent Officer Address of New Registered Agent Officer Address of New Registered Agent Officer Address of New Registered Agent Officer Address of Each Officer Address of New Registered Agent Officer Address of New Registered Agent Officer Address of New Re			ess	<del>-</del>				- - - 1 18881811 011	Langra <b>dank</b> a opalo bahidi arah 1	BIBN BIBN ÁNGN F	 
2. Now Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  5. State  5. FEI Number  5. FEI Number  6. Obe Business in Florida  6. Obe Business in Florida  6. FEI Number  6. FEI Numb											
Suite, Apt #, etc:    Suite, Apt #, etc.	If above	addresses are	incorrect in any way, line the	rough incorrect i	nformation a	and enter corre	ection below.				
South Application   Sout	2. New Pr	incipal Office	Address, If Applicable	3. New Mail	ing Office Ad	ddress, If Appl	icable	Date Incorp     To Do Busir	orated or Qualified ness in Florida	04/07/4	1000
City & State  City & State  City & State  City & State  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  CERTIFICATE OF STATUS DESIRED  STATUS DESIRED  CERTIFICATE OF STATUS DESIRED  STATUS DESIRED  CERTIFICATE OF STATUS DESIRED  CITY STATUS	Suite, Apt:	#, etc		Suite, Apt. #,	, etc.			5. FEI Number	r	04/07/1	
Zp Country				City & State	City & State			65-0126572 Not Applicable			
Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and for Directors 4 City / State / Zip  DP ROBERTS, JACK D. 4645 MEE CT LAKE WORTH FL  D ROBERTS, DAVID L. 4645 MEE CT LAKE WORTH FL  1 0 0 0 4 7 0 5 1 1 5 -12 / 05 / 01 010 2 5 010 2 *********************************				Zip Countr			\$8.75 Ad			ditional Fee require ertificate of Status	
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip  DP ROBERTS, JACK D. 4645 MEE CT LAKE WORTH FL  LAKE WORTH FL  LAKE WORTH FL  LAKE WORTH FL  100047055115 -12/05/0101025-002 *****150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  *******150.00  ******150.00  *******150.00  *******150.00  *******150.00  *******150.00  **********150.00  *********************************	7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	fit corporations	s must list at lea	ast 3 directors)			· · · · · · · · · · · · · · · · · · ·
ROBERTS, DAVID L.  4845 MEE CT  LAKE WORTH FL  100047055115 -12/05/0101025002 *****150.00  *******150.00  *********150.00  *********************************		2			3				4	City / State / Z	lip.
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code  FL  Signature of Registered Agent Agent Agent Of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Bignature of Registered Agent Age	DP	P ROBERTS, JACK D. 464				4645 MEE CT			LAKE WORTH FL		
8. Name and Address of Current Registered Agent  Name  ROBERTS, JACK D.  4645 MEE CT  LAKE WORTH FL 33461  Signature of Registered Agent A	D	ROBERTS, DAVID L.			4645 MEE CT			LAKE WORTH FL			
8. Name and Address of Current Registered Agent  Name  ROBERTS, JACK D.  4645 MEE CT  LAKE WORTH FL 33461  Signature of Registered Agent A			·					, ·-			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  State   Zip Code   FL    Registered Agent   A					,			1000047055115			
ROBERTS, JACK D.  4645 MEE CT  LAKE WORTH FL 33461  Street Address (P.O. Box Number is Not Acceptable)  State   Zip Code   FL    City   State   Zip Code    REGISTERED AGENT MUST SIGN  1. 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.									****150	.00 ***	
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City  State FL  Zip Code FL  State FL  Signature of REGISTERED AGENT MUST SIGN  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.						Na	ame				
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0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  REGISTERED AGENT MUST SIGN  1. 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 filling 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.						Su	Suite, Apt. #, Etc.				
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SIGNATURE: Sand Roberts 10/26/01	this rein	nstatement app y the corporati	plication, the reason for dission have been paid and the	olution has been names of individ	eliminated, luals listed o	the corporate on this form do	name satisfies not qualify for	the requirements an exemption und	of section 607.0401 o	r 617.0401, F.	.S., that all fees
	SIGNAT	TURE:	David	Ros	) Pert	7		10/	26/01		



## **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