

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 DEC 10 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K26169

1. Corporation Name

JAN-TECH COMMUNICATIONS AND TELEPHONE CONTRACTORS SUPPLY, INC.

Principal Place of Business

Mailing Address

1429 FLAMINGO BLVD.
SUITE 300
BRADENTON FL 34207

1429 FLAMINGO BLVD.
SUITE 300
BRADENTON FL 34207



REINSTATEMENT *08*

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

5577 SE Hwy 31
Suite, Apt. #, etc.

5577 SE Hwy 31
Suite, Apt. #, etc.

SUITE A

SUITE A

ARCADIA, FL
City & State

ARCADIA, FL
City & State

34266
Zip

USA
Country

34266
Zip

USA
Country

4. Date Incorporated or Qualified To Do Business in Florida

06/10/1988

5. FEI Number

65-0064846

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	UTTER, MICHAEL	5577 S.E. HWY 31	ARCADIA FL

200002716472--0
12/18/98 01090-014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHOFIELD, P. ALLEN
1429 FLAMINGO BLVD.
SUITE 300
BRADENTON FL 34207

Name *MICHAEL UTTER*
Street Address (P.O. Box Number is Not Acceptable)
5577 SE Hwy 31
Suite, Apt. #, Etc.
SUITE A
City
ARCADIA

State *FL* Zip Code *34266*

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

SIGNATURE REQUIRED

Date *12-10-98*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-98

Date

Daytime Phone #

CR2E040 (9/98)