

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 11 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # K 30551

1. Corporation Name

JET RESALE Company, Inc.

500010126605
01/15/03--01042--016 **\$00.00

2. Principal Office Address

P.O. Box 2781

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

Zip

32170

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/88

5. FEI Number

59-2962167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LES BRENT

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

161 TUDORCROFT Circle

Suite, Apt. #, Etc.

21

City

New Smyrna Beach

State

FL

Zip Code

32168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

LES BRENT

REGISTERED AGENT MUST SIGN

Date

1/9/03

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
P/O/S/T	LES BRENT	161 TUDORCROFT Circle	New Smyrna Beach, FL 32168

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)(f), 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:

LES BRENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Daytime Phone #

132

10/01/03 1:00:23 PM

2742

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

January 10, 2003

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302

Re: Jet Resale Company, Inc. – Uniform Business Report Reinstatement
Doc. #: K30551

Dear Sir or Madam:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the 1999 – 2002 periods. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning these periods. Your cooperation and understanding is appreciated in advance.

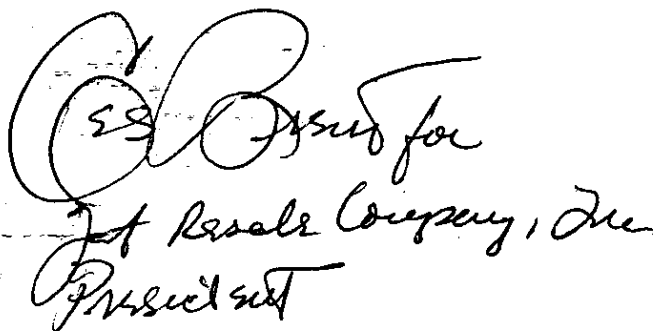
If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$600.00
Uniform Business Report Reinstatement



ESB Issued for
Jet Resale Company, Inc.
Product not