

APPLICATION
FOR
REINSTATEMENT

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 34064

on Name
C.P.J. Products, Inc.

5768 Mandy Lane
Tallahassee, FL 32304
US

P.O. Box 1169
Woodville, FL, 32362

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

9/26/1988

Not Applicable

59-28573 1/2

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
D, P	Casanova P. Jackson	916 Oak Ridge Rd	Tallahassee, FL 32310
V	Janice V. Jackson	"	"
			100002588971-- 7 -07/14/98--01094--016 ***300.00 ***900.00
			REINSTATEMENT 07-080 2/14/98

9. Name and Address of New Registered Agent

Zip Code _____

Signature of Registered Agent Sanice Jackson
REGISTERED AGENT MUST SIGN

Date 1/13/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____