

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

97 NOV -6 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K54030

1. Corporation Name

J RON ENTERPRISES, INC.

Principal Place of Business

1299 BILTMORE ST.  
PORT ST. LUCIE FL 34983  
US

Mailing Address

1299 BILTMORE ST.  
PORT ST. LUCIE FL 34983  
US

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

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
DPS	VANASDALE, RONALD J	1652 MISTLE TOE ST	PORT ST. LUCIE FL
DVPT	BUCK, KENNETH G. J	725 S.E. WEST VIRGINIA DR.	PORT ST. LUCIE FL

8. Name and Address of Current Registered Agent

VANASDALE, RONALD J.  
1299 BILTMORE ST.  
PORT ST. LUCIE FL 34983

9. Name and Address of New Registered Agent

Name

~~THOMAS~~ SAME

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

265 SW PSL BLVD #201

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34983

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

REGISTERED AGENT MUST SIGN

Date 10/31/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/97)