

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83349

1. Corporation Name

JOBMASTER INC.

Principal Place of Business

Mailing Address

% DAVID J. BOROWSKI
550 FISHER RD.
WINTER SPRINGS FL 32708-3602

Jobmaster Inc.
112 S. Sanford Ave.
Sanford FL 32772

% DAVID J. BOROWSKI
P.O. BOX 186602
CASSELBERRY FL 32718-0602

Jobmaster Inc.
PO Box 759
Sanford FL 32772-0759



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

Jobmaster Inc.
Suite, Apt. #, etc.
112 S. Sanford Ave

Jobmaster Inc.
Suite, Apt. #, etc.
PO Box 759

City & State
Sanford FL

City & State
Sanford FL

Zip
32772

Zip
32772-0759

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1989

5. FEI Number

59-3013253

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCE	BOROWSKI, DAVID J.	550 FISHER RD.	WINTER SPRINGS FL

100008780811
11/04/02--01057--014 **150.00

8. Name and Address of Current Registered Agent

BOROWSKI, DAVID J
550 FISHER RD.
WINTER SPRINGS FL 32708

Borowski, David J
112 South Sanford Ave.
Sanford FL 32772-0759

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-28-02

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.

SIGNATURE:

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

Date

Daytime Phone #

10-28-02 407-328-7551

JOBMASTER, INC.
FLOOR & CARPET MAINTENANCE
PO BOX 759 Sanford FL 32772-0759
407-328-7551 FAX: 407-328-5890 jobmasterinc@yahoo.com

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Our office did not receive the two prior uniform business report (UBR) notices due to our move to P.O. Box 759 Sanford FL. 32772-0759.

We are sending a check for \$150 to cover the reinstatement fee.

If there is any questions please contact our office at 407-330-2130.

Thank You!

Michelle Webb
Accounts Department