PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OBR

FILED
02 NOV -4 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83349

1. Corporation Name

JOBMASTER INC.

Principal Place of Business

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

JobMaster Inc
1125. sanford Ave
Sanford Fl. 32772

Mailing Address

% DAVID J. BOROWSKI
P.O. BOX 180602
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	4. Date Incorporated or Qualified To Do Business in Florida: 04/25/1989
JobMaster Inc	JobMaster Inc	
Suite, Apt. #, etc.: 112 S. Sanford Ave	Suite, Apt. #, etc.: PO Box 759	5. FEI Number: 59-3013253 ☐ Applied For ☐ Not Applicable
City & State: Sanford Fl.	City & State: Sanford Fl.	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 32772 Country	Zip: 32772-0759 Country	

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

CR2E040 (8/02)

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 pres. — 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 pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-28-02

Daytime Phone #: 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