

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 27 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L28206

1 Corporation Name

JTS ONE, INC.

Principal Place of Business

Mailing Address

~~702 W UNIVERSITY AVE~~  
~~GAINESVILLE FL 32601~~

~~702 W UNIVERSITY AVE~~  
~~GAINESVILLE FL 32601~~

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

2. New Principal Office Address, If Applicable  
140 NW 6th Street

3. New Mailing Office Address, If Applicable  
140 NW 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, Florida

City & State  
Gainesville, FL

Zip Country  
32601 USA

Zip Country  
32601 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1989

5. FEI Number

59-2990575

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)

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	SULLIVAN, JERRY T	702 W UNIVERSITY AVE	GAINESVILLE FL
D	Sullivan, Jerry T.	140 NW 6th Street	Gainesville, FL 32601

988802046339--3  
-01/06/97--01017-015  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SULLIVAN, JERRY T~~  
~~702 W UNIVERSITY AVE~~  
~~GAINESVILLE FL 32601~~

Name

Sullivan, Jerry T.

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

140 NW 6th Street

Suite, Apt. #, Etc.

City

Gainesville

State  
FL

Zip Code  
32601

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

*Jerry T. Sullivan*  
REGISTERED AGENT MUST SIGN

Date 12/20/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Jerry T. Sullivan*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/96 (352) 377-9836  
Date Daytime Phone #