

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 JUL 16 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 35711

1. Corporation Name
JO LABARDI CORPORATION, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 4705 South East Pine Ave.		3. New Mailing Office Address, If Applicable 1819 North East 5th Place		4. Date Incorporated or Qualified To Do Business in Florida 12/06/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2984543	
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA		Applied For Not Applicable	
Zip 34480	Country USA	Zip 34470	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) **400002242994--4**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
P./T.	LARRY L OSBORNE	1819 NE 5th Place	Ocala, Florida 34470
S	BARBARA A OSBORNE	1819 NE 5th Place	Ocala, Florida 34470

REINSTATEMENT 96-97
D. Mortham
7/16/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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 <i>Larry Osborne</i> REGISTERED AGENT MUST SIGN		Name LARRY L OSBORNE	
		Street Address (P.O. Box Number is Not Acceptable) 1819 NE 5th Place	
		Suite, Apt. #, Etc.	
		City Ocala	State FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/97

Date

352-351-0111

Daytime Phone #

CR2040 (12/96)