

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 -7 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 70684

1. Corporation Name

JIM'S Grading Service, Inc.

Principal Place of Business

Mailing Address

16398 Jomar RD Sarasota FL
34240

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

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-90

5. FEI Number

65-0211028

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	JAMES R BADGETT	16398 JOMAR RD	Sarasota FL 34240
Secretary	PATRICIA A. BADGETT	16398 JOMAR RD	Sarasota FL 34240
Treasurer			

200002345022-2
-11/12/97-01093-005
***750.00 ***750.00

8. Name and Address of Current Registered Agent

JAMES BADGETT
16398 JOMAR RD
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name
JAMES BADGETT
Street Address (P.O. Box Number is Not Acceptable)
16398 JOMAR RD
Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code

34240

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

JAMES BADGETT

REGISTERED AGENT MUST SIGN

Date

11-3-97

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

JAMES BADGETT pres.

Date

Daytime Phone #

11-3-97 941-322-0215