

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

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APPLICATION  
FOR



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

98 MAR 16 PM 2:56

DOCUMENT #

L99634

1. Corporation Name

JADDO. INC.

96-97-98 AR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

11800 SE WILLIAMS LN.

Suite, Apt. #, etc.

City & State

TEQUESTA, FL.

Zip

33469

Country

MARTIN

3. New Mailing Office Address, If Applicable

PO BOX 4445

Suite, Apt. #, etc.

City & State

TEQUESTA, FL.

Zip

33469

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 11, 1990

5. FEI Number

65-0230598

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
owner Res	JOHN T. ANDERSEN	11800 SE WILLIAMS LN.	TEQUESTA, FL. 33469
			2000002461342--2
			-03/18/98--0111--011
			****515.00 ****515.00
			a. alump 3/16/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOHN T. ANDERSEN

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

11800 SE WILLIAMS LN.

Suite, Apt. #, Etc.

City

TEQUESTA

State

FL

Zip Code

33469

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/8/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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] JOHN T. ANDERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/98

Date

Daytime Phone #

561-575-2781

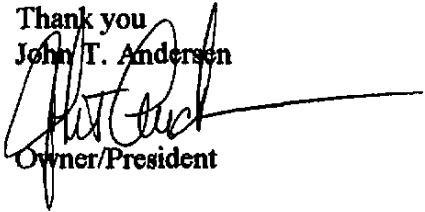
CR20040 (1/98)

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To: Division of Corporations  
From: JADDCO INC./John T. Andersen  
PO Box 4445  
Tequesta, Fl 33469  
561-575-2781  
RE: Reinstatement

March 8, 1998

Recently I received a letter from my health insurance company, CHPA, that their records indicate that JADDCO INC., has been dissolved since August 23, 1996. After contacting your office shortly thereafter to find out what happened, it was understood that I never received the annual reports for the years in question. Please accept my payment of \$515.00, (96'-\$200, 97'-\$165, 98'-\$150), figures of which were verified by your representative, so my health insurance will not be terminated by the end of the month.

Thank you  
John T. Andersen  
  
Owner/President