

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

00 DEC -5 AM 11:28

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # M74343

JVPM, INC.  
1064 Howell Branch Road  
Winter Park, FL 32789-1004

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

REINSTATEMENT

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

March 30, 1988

5. FEI Number

N/A

FEI Number Applied For

X

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
P	DAVID JOHNSON	1064 Howell Branch Road	Winter Park, FL 32789

900003509139-7  
-12/20/00--01077--004  
\*\*\*\*900.00 \*\*\*\*900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

HAROLD A. WARD, III  
250 Park Avenue, South, 6th Floor  
Winter Park, FL 32789

9. If changed, new registered agent / office

Name

SID C. PETERSON, JR.

Street Address (Do NOT Use P.O. Box Number)

418 CANAL STREET

Street Address (Do NOT Use P.O. Box Number)

City

NEW Smyrna Beach

State

FL.

Zip

32168

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

REGISTERED AGENT MUST SIGN

Date 11/30/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.) KE

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date

11/29/2000

Daytime Phone

(407) 645 1104

Typed or printed name of signing officer or director

DAVID JOHNSON