

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M87309**

1. Corporation Name

J.J.G. AND SONS, INC.

Principal Place of Business

Mailing Address

% JAMES J. GRANELL
6912 CONATY RD.
TAMPA FL-33634

% JAMES J. GRANELL
6912 CONATY RD.
TAMPA FL-33634

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

06/23/1988

5. FEI Number

59-2890163

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	4 City / State / Zip
D	GRANELL, JAMES J.	6912 CONATY RD.	TAMPA FL
D	GRANELL, MARY FRANCES L.	6912 CONATY RD.	TAMPA FL

900028154069
02/03/04--01060--017 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANELL, JAMES J.
6912 CONATY RD.
TAMPA FL 33634

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/23/04

11. 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

Date

Daytime Phone #

JAMES J. GRANELL

1/23/04 (813) 885-3876

CR2E040 (7/03)



6912 Conaty Road, Tampa, FL 33634 • 813-885-3976 • Fax 813-885-4625

January 30, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

May this letter serve to inform you that we do not show where we ever received any prior UBR notices. I was not aware until after receiving the dissolution notice. We have been incorporated since 1988 and this has never happened in the past.

Sincerely,



James J Granell
President