

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -7 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000000209

1. Corporation Name

JR Southern Enterprises Inc.

2. Principal Office Address

1125 Rushmore Dr

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4059

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Holiday FL

Zip

34690

Country

USA

Zip

34690

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
59-3616098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy James Brandenburg

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

1125 Rushmore Drive

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/03/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Timothy James Brandenburg	1125 Rushmore Drive	Holiday, Florida 34690

10. 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

01/03/05

Date

(727) 937-0085

Daytime Phone #

CR2ED81 (01/04)