

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001346

1. Corporation Name

JAKS OF BREVARD, INC.

Principal Place of Business

4000 DOW ROAD #10
MELBOURNE FL 32905

Mailing Address

4000 DOW ROAD #10
MELBOURNE FL 32905

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3632505

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	JACKSON, JEFF	4000 DOW ROAD #10	MELBOURNE FL 32905

800014312558
03/18/03--01030--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, JEFF
4000 DOW ROAD #10
MELBOURNE FL 32905

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-30-03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-03 321-779-0970

CR2E040 (8/02)

JAKS OF BREVARD, INC
4000 DOW RD #10
MELBOURNE, FL. 32905

OCT. 16, 2000

DIVISION OF CORPORATIONS
ANNUAL REPORT
PO BOX 6327
TALLAHASSEE, FL. 32314-6327

To Whom It May Concern:

I am enclosing a check for \$150.00 along with the Annual Report and Application for Reinstatement. This was the first and only notice we ever received regarding this matter, therefore we don't feel that we should be penalized an additional \$600.00. Please abate this fee, and reinstate our corporation.

Sincerely,

Jeff Jackson ,
President