

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000013519

1. Corporation Name

JOMAX EXPRESS, INC.

Principal Place of Business

4510 DOBSON RD.
JAY FL 32565

Mailing Address

P.O. Box 233
4510 DOBSON RD.
JAY FL 32565
JAY, FL 32565

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 233 JAY, FL 32565

3. New Mailing Office Address, If Applicable

P.O. Box 233 JAY FL 32565

Suite, Apt. #, etc.

P.O. Box 233

City & State

JAY FL

Zip

32565

Country

Suite, Apt. #, etc.

P.O. Box 233

City & State

JAY FL

Zip

32565

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2000

5. FEI Number

59-3632563

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 3	City / State / Zip 4
PD	MARTIN, JOANN R	P.O. BOX 11799 P.O. Box 233	PENSACOLA FL 32524 JAY, FL 32565
VD	WOOTON, MALCOLM JR.	601 HERSCHELL ST.	PENSACOLA FL 32524

8. Name and Address of Current Registered Agent

BLOOMER, GEORGE M
2362 A. BLANDING BLVD.
MIDDLEBURG FL 32068

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/19/01

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

Joann Martin Joann MARTIN

Date

Daytime Phone #

850-380-3585

FILED

01 NOV -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/2

CR2E040 (8/01)

2082

Please be advised that we
did not receive any notices for
2001.

We would appreciate it if
the late fee could be
waived.

Enclosed is a check for \$150.00
and paperwork that was
received.

Thank you for your
cooperation in this
matter.

Joann Martin
Jornax Express, Inc.