

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAR/12*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 26 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000020009**

1. Corporation Name

**JACK POWELL, INC.**

2. Principal Office Address

**2910 FOREST DRIVE**

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

Zip

**32901**

Country

**FLORIDA**

3. Mailing Office Address

**2910 FOREST DRIVE**

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

Zip

**32901**

Country

**FLORIDA**

**600004678296-1**

**-11/14/01--01021--017**

**\*\*\*\*150.00 \*\*\*\*150.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3633510**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**ALBERT POWELL**

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

**2910 FOREST DRIVE**

Suite, Apt. #, Etc.

City

**MELBOURNE**

State

**FL**

Zip Code

**32901**

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]*

Date **10/23/01**

REGISTERED AGENT MUST SIGN

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
<b>PS/D</b>	<b>POWELL, ALBERT</b>	<b>2910 FOREST DRIVE</b>	<b>MELBOURNE, FL 32901</b>

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]* **President** **10/23/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(321) 733-6185**

Daytime Phone #

CR2E081 (9/99)

**JACK POWELL, INC.**

2910 Forest Dr.  
Melbourne, Florida 32901-6814  
(321) 733-6185

*Page 2 of 2*

October 23, 2001

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

RE: P00000028009

To Whom It May Concern:

Please find enclosed a money order in the amount of \$150.00 for the corporation of Jack Powell, Inc.

I spoke with Kathy in the Reinstatement Department today and was instructed to submit this letter with a money order in the amount of \$150.00 and a completed Uniform Business Report form. Please note the error in not submitting the Uniform Business Report form in the first place was that the form was never received in our office. We did have a temporary office assistant working with us during that period and this is not the only error we have found as a result. It may have been received in the office yet never submitted to Mr. Powell. Please take into consideration that Mr. Powell's corporation fees were up-to-date until this period.

Thank you.

Sincerely,

*Teresa M. Savoia*

Teresa M. Savoia  
Office Manager for Jack Powell, Inc.

*[Signature]*  
Jack Powell  
President, Jack Powell, Inc.

Enclosed: 2001 Uniform Business Report  
Money Order in the amount of \$150.00