

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000047241

1. Corporation Name

JP Taverns, Inc.

2. Principal Office Address

952 Wesson Drive

Suite, Apt. #, etc.

City & State

Casselberry

Zip
FL

Country
USA

3. Mailing Office Address

952 Wesson Drive

Suite, Apt. #, etc.

City & State

Casselberry

Zip
FL

Country
USA

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

5-11-2000

5. FEI Number

59-3646827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Jeffrey C. Sparks

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

545 Delaney Avenue

Suite, Apt. #, Etc.

8

City

ORLANDO

State
FL

Zip Code
32801

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

Date 10-13-05

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
PSTD	JACK PENNEL	952 WESSON DRIVE	CASSELBERRY, FL 32707

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

10-13-05

Date

Daytime Phone #

FILED

2005 OCT 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-05

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10/19/05--01068--029 **1050.00