

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000061562

1. Corporation Name

JIM & BECKY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

14525 62ND ST N.
CLEARWATER FL 33760

14525 62ND ST N.
CLEARWATER FL 33760

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2000

5. FEI Number

59-3654892

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 |
|---------------|---|--|---|
| D | STOY, JIMMY L | 14525 62ND ST N. | CLEARWATER FL 33760 |
| | | | 000004716650--9 -12/10/01--01084--019 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOY, JIMMY L
14525 62ND ST N.
CLEARWATER FL 33760

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

9-1-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-01 (727) 538-5386

202

JIM & BECKY ENT. INC.

D.b.a. Pop's Deli
14525 62nd St. North,
Clearwater, FL 33760
(727) 538-5386

October 1, 2001

Division of Corporations
Annual report/Reinstatement section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

As per the conversation that I had with your division I am typing you this letter to inform you that the NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION, was the first piece of mail that my company had received from your office. I have also checked with our accountant, and to the best of their knowledge they have not received, any notice either. I was informed to enclose a check for \$150.00 to reinstate or to take care of this matter. If there are any questions please feel to contact me at the above number or address.

Sincerely,


Jimmy L. Stoy
Owner, Pop's Deli