

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 AM 8:01

DOCUMENT # P0000064229

1. Corporation Name

JACK WILLIE'S, INC.

2. Principal Office Address

1011 St. Petesburg Drive

3. Mailing Office Address

1011 St. Petersburg Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

Zip

34677

Country

REINSTATEMENT

200009508892
12/13/02--01077--007 **191.25

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/00

5. FEI Number

651029311

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

Richard C. Langford

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

160 E. Summerlin Street

Suite, Apt. #, Etc.

Ste. 202

City

Bartow

State
FL

Zip Code

33830

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

Richard C. Langford

Date

11/25/02

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
P/Siv	William Connors	1011 St. Petersburg Drive	Oldsmar, FL 34677

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:

William Connors III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 10, 02

Date

813/875-7569

Daytime Phone #

CR2E081 (9/01)

12/16/02