

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 25 PM 12:13

DOCUMENT # **P00000068695**

1. Corporation Name
JANET L. PRIMMER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *on*

Principal Place of Business
**1721 SAINT PAULS DRIVE
CLEARWATER FL 33764**

Mailing Address
**1721 SAINT PAULS DRIVE
CLEARWATER FL 33764**



400008584524
10/25/02--01011--028 **750.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/14/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3659702	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PRIMMER, JANET L	1721 SAINT PAULS DR	CLEARWATER FL 33764

10/25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PRIMMER, JANET L 1721 SAINT PAULS DRIVE CLEARWATER FL 33764		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. or 617.0505, F.S.

Signature of Registered Agent: *Janet L. Primmer* **REGISTERED AGENT MUST SIGN** Date: *10/22/02*

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: *Janet L. Primmer* (Typed Name) Date: *10/22/02* Daytime Phone #: *(771) 536-0917*

CR2E040 (8/02)