

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000073999

1. Corporation Name

JCJB ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

4442 LAFAYETTE ST

Suite, Apt. #, etc.

City & State

MARIANNA, FL

Zip

32446-3424

Country

USA

3. Mailing Office Address

P.O. BOX 33222

Suite, Apt. #, etc.

City & State

PALM BEACH GRDNS, FL

Zip

33420

Country

USA

7. Name and Address of Current Registered Agent

Name

MARTHA S. ESKUCHEN

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

4442 LAFAYETTE ST

Suite, Apt. #, Etc.

City

MARIANNA

State

FL

Zip Code

32446

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

Martha Eskuchen

REGISTERED AGENT MUST SIGN

Date 12-11-08

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
PVST	JERRY BLACK	P.O. BOX 33222	PALM BCH GDNS, FL 33420

**RH
REINSTATEMENT**

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 contained in Chapter 119, 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 #

FILED

08 DEC 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700139407737
12/31/08--01078--014 **1200.00
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 08/03/2000

5. FEI Number
65-1028885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.