

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074433

1. Corporation Name

JAA, INC.

Principal Place of Business

Mailing Address

5324 LITTLE ROAD DRIVE  
SUITE 954  
NEW PORT RICHEY FL 34655

5324 LITTLE ROAD DRIVE  
SUITE 954  
NEW PORT RICHEY FL 34655

Incorrect mailing

Incorrect mailing

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

5328 Little Road

5328 Little Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GNC #954

GNC #954

City & State

City & State

New Port Richey, FL

New Port Richey, FL

Zip

Zip

34655

34655

4. Date Incorporated or Qualified To Do Business in Florida

08/07/2000

5. FEI Number

59-3667889

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HALLAM, AARON M	5324 LITTLE ROAD DRIVE	NEW PORT RICHEY FL 34655
SD	CROTTY, JOHN F	5324 LITTLE ROAD DRIVE	NEW PORT RICHEY FL 34655
TD	PADEIS, ANTONIO	5324 LITTLE ROAD DRIVE	NEW PORT RICHEY FL 34655
		5328 Little Road	
			0000004717170--7 -12/10/01--01101--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Ana Herron

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

1711 Hampton Lane

Suite, Apt. #, Etc.

City

Palm Harbor

State

Zip Code

FL

34683

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-18-01

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

10/18/01 (727) 372-5605  
Date Daytime Phone #