

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000090498

1. Corporation Name

TRIPLE J OF FROSTPROOF, INC.

Principal Place of Business

Mailing Address

2007 N LAKE REEDY BLVD
FROSTPROOF FL 33843-9654

4507 HARDER AVE
SEBRING FL 33872

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

09/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3473841

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	RHYNES, JAMES C	4507 HARDER AVE	SEBRING FL 33872
D	RHYNES, JENNIFER A	4507 HARDER AVE	SEBRING FL 33872

400004717614-0
-12/10/01--01117--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHYNES, JAMES C
4507 HARDER AVE
SEBRING FL 33872

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 #

Signature of Jennifer A. Rhynes
JENNIFER A. RHYNES
10-22-01 863-635-4506

182

FILED

01 OCT 25 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (8/01)

2902

October 22, 2001

Re: Triple J Of Frostproof, Inc.

To whom it May Concern, I Jennifer and James Rhynes did not
Receive any notice of Reinstatement for our Corporation. We
Were very surprise to have receive this notice of Revocation.

I called the number on this notice and I was told to send this
Letter along with a check for \$150.00. If you have any further
Questions regarding this matter please feel free to contact me at

863-635-4906 or 863-382-2848.

Thank you


Jennifer A Rhynes
V.P. Officer