

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

JLST, INC.
P O BOX 2477
PALM CITY, FL 34990

2. Principal Office Address

1837 SW STRATFORD WAY

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

Country

34990

USA

3. Mailing Office Address

P.O. BOX 2477

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

Country

34990

USA

FILED

01 DEC -7 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/27/01--01016--001

****150.00 ****150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/6/00

5. FEI Number

65-1070254

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

JOYCE L. SCHACK

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

1837 SW STRATFORD WAY

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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 ☒

Date ☒

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
PRES	JOYCE L. SCHACK	1837 SW STRATFORD WAY	PALM-CITY, FL 34990
SEC			
TREAS			
DIR.			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOYCE L. SCHACK) ☒

Date

1-561-285-5791

Daytime Phone #

292

October 29, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: J L S T, Inc.

Gentlemen:

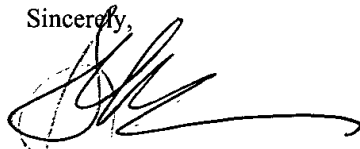
I am enclosing a Corporate Reinstatement form for my corporation for the year 2001, along with my payment of \$150 for the annual filing fee.

I would respectfully request that you waive the reinstatement fee in this matter. I filed my corporate Articles of Incorporation in December, 2000, at approximately the same time that I was involved in divorce proceedings with my former spouse. During the latter part of 2000 and the first several months of 2001, I did not have direct access to my mail and had to rely on my former spouse for receipt of any mail received at my former residence which was addressed to me or my corporation. It was only recently that I discovered that my former spouse was not giving me all of my mail as it was being delivered to my former residence. Therefore, I did not receive the annual report for my corporation in order to file it by May 1, 2001.

It was only when I retained a CPA last week to represent my new corporation that I learned that the annual report for my corporation had not yet been filed. I never intentionally disregarded this filing requirement and would ask, under these circumstances, that you consider waiving the reinstatement fee in this matter.

I appreciate your consideration in this matter.

Sincerely,



Joyce L. Schack
P.O. Box 2477
Palm City, FL 34990