

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -7 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO100001771*

1. Corporation Name

JAX ASSET/DEBT MANAGEMENT, INC.

REINSTATEMENT *02-04*

2. Principal Office Address

93 Players Club Villas

Suite, Apt. #, etc.

3. Mailing Office Address

93 Players Club Villas

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida January 31, 2001

5. FEI Number

59-3697106

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

James C. McCormick

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

93 Players Club Villas

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

James C. McCormick
REGISTERED AGENT MUST SIGN

Date

Jan 4, 2005

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
Dir.	Garry A. Nelson	109 Brilliant Avenue	Pittsburgh, PA 15215
Pres.			
Sec.			
Treas.			

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

GARRY A. NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

30 Dec 04 412-417 2998

Daytime Phone #

CR2E081 (01/04)