

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024348

1. Corporation Name

JNS INVESTMENTS, INC.

Principal Place of Business

1239 PITTS POINT RD
SHEPERSVILLE KY 40165

Mailing Address

1239 PITTS POINT RD
SHEPERSVILLE KY 40165

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

03/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | STANLEY, JIM JR | 1239 PITTS POINT RD | SHEPERSVILLE KY 40165 |
| D | STANLEY, SPENCER JR | 1239 PITTS POINT RD | SHEPERSVILLE KY 40165 |
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900008813929
11/05/02--01107--006 **150.00

8. Name and Address of Current Registered Agent

KENNEDY, J. KELLY ESQ
198 1 ST S
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

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. or 617.0505, 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

10/28/02 582-5489863
Date Daytime Phone #

CR2E040 (8/02)

10/28/02

ITN's
Enterprise

1239 Pitts Point Rd
502-543-9863

H

Shepherdsville Ky
40165

P01000024348

Dept of State.

I'm enclosing a check to have our Company
Reinstated to be a Corporation in the State of
Florida. I spoke with a Gentleman last week
with the Department of State and explain
why we didn't file by the Due Date. I was in
Pennsylvania with my daughter who was ill
while I was gone the statement came in and
they fail to give the statement to me. They
didn't know what it was because it came to my
home. And my husband just didn't know what it
was. This is our first year of filing this form. So
when I ran across it after going through some
mail. I didn't receive or know I had it found
and called and this week I received the
form saying I had been Revoked. So I enclose it
the check for the amount the Gentleman told
me to send. And I am sorry for so much
trouble.