

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
—SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 AM 10:21

DOCUMENT # PD1000026204

1. Corporation Name

JSS Sales Inc.

300162701643
11/10/09--01033--008 **750.00

2. Principal Office Address - No P.O. Box #

1381 Plantation Oaks

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Beach

City & State

FL

Zip

32250

Country

USA

Zip

32250

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3708430

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

Jodi Snyder

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

3524 Heron Dr. S

Suite, Apt. #, Etc.

City

Jacksonville Beach, FL

State

FL

Zip Code

32250

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jodi Snyder

REGISTERED AGENT MUST SIGN

Date 10-30-09

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. | Jodi Snyder | 1381 Plantation Oaks Dr. S | Jacksonville Beach, FL |
| | | | 32250 |
| | | | |
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| | | | |
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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 contained in Chapter 119, 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:

Jodi Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-09

Date

Daytime Phone #

904-613-2013

REINSTATEMENT 08-09