

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 -8 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060739

1. Corporation Name

JAXUP INC.

Principal Place of Business

PO BOX 440505
JACKSONVILLE FL 32222-0009

Mailing Address

PO BOX 440505
JACKSONVILLE FL 32222-0009



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2131 W. Beaver St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32209

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2001

5. FEI Number

59 3725941

Applied For

Not Applicable

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
PSTD	WHITE, A P	2527 FORBES ST	JACKSONVILLE FL 32204
MD	BOWRON, NORMAN	5518 118TH ST	JACKSONVILLE FL 32244

700008891247

11/08/02 01003 005 *\$150.00

8. Name and Address of Current Registered Agent

WHITE, A P
2527 FORBES ST
JACKSONVILLE FL 32244

04

9. Name and Address of New Registered Agent

Name

WHITE, A.P.

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

2527 Forbes St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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

REGISTERED AGENT MUST SIGN

Date 11-5-02

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 REQUIRED
WHITE

11-5-02

(904)355-2987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

IsXop Inc.
P.O. Box 440608
Jacksonville, FL 32202

11/5/02

TO: FLORIDA Dept. of STATE
Division of Corporations

RE: Corporate Re-instatement.
Document# PD1000060739

This letter is to inform
you that we did not receive (2) two
UBR notices. Therefore did not file a UBR
in a timely fashion.

Enclosed please find a corrected
application for Reinstatement, and a check for
\$ 150.00.



A. P. WHITE
Pres. and registered agent.