

03/15/11

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

1/2

DOCUMENT # P01000061662				07 APR 11 PM 2:17	
1. Entity Name: J & S SCEARCE, INC				FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business: 3305 U.S. 98 SOUTH LAKELAND, FL 33803		Mailing Address: 402 MARTINIQUE DR 3803 OSPREY POINTE CIR. LAKE WALES, FL 33859 WINTER HAVEN, FL 33884			
2. Principal Place of Business - No P.O. Box		3. Mailing Address:			
State, Apt. #, etc.		State, Apt. #, etc.		03102007 REIN-P CR2E096 (1/0/)	
City & State		City & State		4. FEI Number: 59-3728754	
Zip		Zip		5. Certificate of Status Crossed ☐ \$8.75 Additional Fee Required	
Country		Country		6. Name and Address of Current Registered Agent	
Zip		Zip		7. Name and Address of New Registered Agent	
Country		Country		Name: SCEARCE, SHARRON R 3803 OSPREY POINTE CIR. 402 MARTINIQUE DR WINTER HAVEN, FL 33884 LAKE WALES, FL 33859	
City & State		City & State		Street Address (P.O. Box Number is Not Acceptable): City:	
Zip		Zip		State:	
Country		Country		Date:	
8. The above named entity submits this statement for the purpose of changing its registered office, in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	DATE	NAME	DATE	NAME	DATE
SCFARCE, JIM	☒ Delete	NAME	DATE	3803 Osprey Pointe Cir	☒ Change ☐ Add New
STREET ADDRESS		STREET ADDRESS		Winter Haven, FL 33884	
CITY-ST-ZIP		CITY-ST-ZIP		3803 Osprey Pointe Cir.	☒ Change ☐ Add New
LAKE WALES FL 33859		LAKE WALES FL 33859		Winter Haven, FL 33884	☐ Change ☐ Add New
NAME	☐ Delete	NAME	DATE	NAME	DATE
SCEARCE, SHARRON		SCEARCE, SHARRON		SCEARCE, SHARRON	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
402 MARTINIQUE DR		402 MARTINIQUE DR		402 MARTINIQUE DR	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
LAKE WALES FL 33859		LAKE WALES FL 33859		LAKE WALES FL 33859	
NAME	☐ Delete	NAME	DATE	NAME	DATE
SCEARCE, SHARRON		SCEARCE, SHARRON		SCEARCE, SHARRON	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
402 MARTINIQUE DR		402 MARTINIQUE DR		402 MARTINIQUE DR	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
LAKE WALES FL 33859		LAKE WALES FL 33859		LAKE WALES FL 33859	
NAME	☐ Delete	NAME	DATE	NAME	DATE
SCEARCE, SHARRON		SCEARCE, SHARRON		SCEARCE, SHARRON	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
402 MARTINIQUE DR		402 MARTINIQUE DR		402 MARTINIQUE DR	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
LAKE WALES FL 33859		LAKE WALES FL 33859		LAKE WALES FL 33859	
NAME	☐ Delete	NAME	DATE	NAME	DATE
SCEARCE, SHARRON		SCEARCE, SHARRON		SCEARCE, SHARRON	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
402 MARTINIQUE DR		402 MARTINIQUE DR		402 MARTINIQUE DR	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
LAKE WALES FL 33859		LAKE WALES FL 33859		LAKE WALES FL 33859	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if I was so under oath, that I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other data and information.					
SIGNATURE: <u>Sharon Scarce</u> 4/10/07 863-237-5453					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR OFFICER					

2/2
Mitchell

I had change of address
2006 & did not receive my
Annual report on time.

I Checked the waiver box on
my 2006 report when I finally
received it, but somehow
my CORPORATION was put on
inactive status.

I am sending my 2007
fee of 150⁰⁰ hoping this will
resolve my problem for next
year.

My new billing address is:

3803 Osprey Pointe Circle
Winter Haven, FL 33884
863-287-5483 phone