

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000099584

1. Corporation Name

JJW Corporation

2. Principal Office Address - No P.O. Box #
12029 Cranefoot Drive

3. Mailing Office Address
12029 Cranefoot Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32223

Country
USA

Zip
32223

Country
USA

7. Name and Address of Current Registered Agent

Name
Joseph J. Wise

Street Address (P.O. Box Number is Not Acceptable)
1652 Belmonte Avenue

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32207

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

Date

REGISTERED AGENT MUST SIGN

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
D	Joseph J. Wise	1652 Belmonte Avenue	Jacksonville, FL 32207

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/17
Date

904-662-0620
904-652-6700
Daytime Phone #

FILED

07 NOV 14 PM 4:33

STATE
TALLAHASSEE, FLORIDA

200112275172
11/14/07--01018--002 **758.75

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
10/12/2001

5. FEI Number
59-375029

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.