

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 DEC -3 PM 4:23

DOCUMENT # P01000105679

1. Corporation Name

JA ENTERPRISES, INC.

700025425647
12/11/03--01050--030 --**150.00

REINSTATEMENT 03

2. Principal Office Address

1419 WEST WATERS AVE.

3. Mailing Office Address

1419 WEST WATERS AVE.

Suite, Apt. #, etc.

102 1/2

Suite, Apt. #, etc.

102 1/2

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33604

Country

USA

Zip

33604

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-01-2001

5. FEI Number

010584972

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

LISA CARMAN

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

4508 MILL POND LANE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

Lisa Carman
REGISTERED AGENT MUST SIGN

Date

11/20/03

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,V	BROWN, FREDDIE JENKINS	1419 WEST WATERS AVE.	TAMPA, FL 33604
D,V	BROWN, JONATHAN	1419 WEST WATERS AVE.	TAMPA, FL 33604
D,P	JENKINS, JOSEPH A.	1419 WEST WATERS AVE.	TAMPA, FL 33604
S	CARMAN, LISA	4508 MILL POND LANE	TAMPA, FL 33624

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 under section 119.07(3)(l), 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

Joseph Jenkins

Date

11/20/03

Daytime Phone #

813-931-1261

CR20061 (9/01)