

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 OCT 28 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120594

1. Corporation Name

JACKHEAD MOTORS, INC.

Principal Place of Business

Mailing Address

320 ARAGON ST
HOLLY HILL FL 32117

320 ARAGON ST
HOLLY HILL FL 32117

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRIAN, KELLI	320 ARAGON ST	HOLLY HILL FL 32117

400008645184
10/29/02--01040--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIAN, KELLI
320 ARAGON ST
HOLLY HILL FL 32117

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kelli Brian
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10-23-02*

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: *Kelli Brian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 671-1133
Date Daytime Phone #

CR2E040 (8/02)

JACKHEAD MOTORS, INC.
320 ARAGON ST.
HOLLY HILL, FL 32117

PHONE: 386-671-1133
FAX: 386-671-1133

OCTOBER 24, 2002

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

THIS WILL CONFIRM THAT JACKHEAD MOTORS, INC., HAS NOT RECEIVED THE
PRIOR UBR NOTICES AND WE WOULD LIKE TO REINSTATE THE CORPORATION
WITHOUT PENALTIES. OUR BUSINESS HAS HAD SOME UNFORESEEN PROBLEMS
AND DISRUPTIONS, AND, POSSIBLY THAT IS WHY WE DIDN'T RECEIVE THE
PRIOR NOTICES.

THE SIGNED REINSTATEMENT APPLICATION AND OUR CHECK FOR \$150.00 IS
ENCLOSED.

SIGNED:


KELLI BRIAN, PRES.