

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000002261

1. Corporation Name

Jax Inns, Inc.

2. Principal Office Address - No P.O. Box #

300 Park Avenue

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32073

Country

USA

3. Mailing Office Address

28049 Wixom Road

Suite, Apt. #, etc.

Suite 315

City & State

Wixom, MI

Zip

48393

Country

USA

400195799824
02/23/11--01023--010 **1050.00

CR2R081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2002

5. FEI Number

010552689

☐ 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

Jitendra B. Patel

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

300 Park Avenue

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

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

REGISTERED AGENT MUST SIGN

Date 2-18-2011

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
Pres	Jitendra B. Patel	28049 Wixom Rd, #315	Wixom, MI 48393
Sec	Jitendra B. Patel	28049 Wixom Rd, #315	Wixom, MI 48393
Treas	Jitendra B. Patel	28049 Wixom Rd, #315	Wixom, MI 48393
			S. HAWKES
			JAN 23 2011
			EXAMINER

REINSTATEMENT
2009-11

10. E-mail Address: jcs-tearns@comcast.net

Jagir73430@qol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2011

Date

248-946-5838

Daytime Phone #