

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP -1 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007321

1. Corporation Name

JC'S III ENTERPRISES, INC.

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

4011 W OAKRIDGE ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

ORANGE

3. Mailing Office Address

P. O. BOX 120928

Suite, Apt. #, etc.

City & State

CLERMONT

Zip

FL

Country

34712

REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
80-0027479

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

CORPORATION COMPANY OF ORLANDO

Street Address (P.O. Box Number is Not Acceptable)
300 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

SUITE 1000 (JGH)

City

ORLANDO

State
FL

Zip Code
32801

☒ 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.

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

J. Gregory Thompson V.P.
REGISTERED AGENT MUST SIGN

Date 08/28/09

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	JESUS A. ROSARIO	28519 STATE ROAD 54	WESLEY CHAPEL, FL 33543

600160170426
09/01/09--01008--008 **450.00

29/1

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/09
Date

352-267-4419
Daytime Phone #