## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR \*\* \square REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000016679

1. Corporation Name

J.D. UNGERER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3339 LIGHTHOUSE POINT LANE

3339 LIGHTHOUSE POINT LANE

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03 OCT 23 AM 11:31

SECRETARY OF STATE TALLAHASSFE, FLORIDA

JACKSONVILLE FL 32250			JACKSONVILLE FL 32250					
If above a	ddresses are	incorrect in any way, line the	rough incorrect in	nformation a	and enter correction below.	DCING	TATEMENT	03
		Address, If Applicable		ing Office Address, If Applicable		Date Incorp To Do Busin	orated or Qualified	14410000
Suite, Apt. #, etc.						5. FEI Number Applied For		
City & State City & State				a		80-0005661 Not Applicable		
Zip Country			Zip	Zip Countr		6. CERTIFICATE OF STATUS DESIRED 6 S8.75 Addit for a Cert		75 Additional Fee required or a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	fit corporations must list at lea	ast 3 directors)		
Title(s)	e(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
D	AVERILL, ELLEN M			3339 LIGHTHOUSE POINT LANE			JACKSONVILLE FL 32250	
	-							
•	<u></u>							
				500024056785 10/23/0301084022 **150.00				
				10/23			/0301084022 **150.00	
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.				<b>}</b>				
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			Agent
					Name -		-	
AVERILL, ELLEN M 3339 LIGHTHOUSE POINT LANE JACKSONVILLE FL 32250					Street Address (P.O. Box Number is Not Acceptable)			
					Suite, Apt. #, Etc.			
					City		State FL	Zip Code
10, I, being	appointed the	e registered agent of the abo	ove named corpo	oration, am f	amiliar with and accept the of	bligations of Secti	on 607.0505, F.S. or 617.050	5, F.S.
	. /		igan nu ⊕jy.	. 1915 -	NOTES AND TO	•		
Signature o Registered	Agent	Bless Mil. (	GISTERED AG	L . A a	<b>र्र</b> ाह्य अस्तर क्षेत्र के विकास 'SIGN		Date /0-22	-03
11, I certify	that I am an o	officer or director or the recei	ver or trustee en	npowered to	execute this application as p	provided for in cha	opter 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-22-03

<u>904-99</u>2-7:

Daytime Phone #

October 22, 2003

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Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report (UBR) Document# P02000016679 J.D. Ungerer Enterprises, Inc.

Dear Manager of the Division:

This letter is a request to abate the penalty and accept this payment for renewal of J.D. Ungerer Enterprises, Inc.

The corporation is new <u>and I did not receive any reports</u> before receiving this one, I was not aware one would be sent or money was due. Where or how previous mailings did not reach me is a mystery but is not the first time mail has not reached the destination at my current address.

Enclosed is check #210 in the amount of \$150.

Thank you,

Ellen Averill, president

J.D. Ungerer Enterprises, Inc.

Ellen aveill, Pres.