

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 13 PM 2:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000161649310
10/13/09--01035--010 **900.00

CR2E081 (12/08)

DOCUMENT # **P02000020603**

1. Corporation Name

JL Whitaker Inc.

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

2771 Fennel Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2771 Fennel Ave

Suite, Apt. #, etc.

City & State

Middleburg FL

Zip

32068

Country

USA

City & State

Middleburg FL

Zip

32068

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-20-2002

5. FEI Number

02-0547062

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

Joshua L Whitaker

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

2771 Fennel Ave

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-1-09**

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
Pres	Joshua L Whitaker	2771 Fennel Ave	Middleburg, FL 32068
VP, Sec	Kimberly Whitaker	2771 Fennel Ave	Middleburg, FL 32068

REINSTATEMENT

[Signature]

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] Joshua L Whitaker

Date

10-1-09

Daytime Phone #

904-626-3833