

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026373

1. Corporation Name

J.C.'S ON CALL SERVICES, INC.

Principal Place of Business

Mailing Address

5871 GARFIELD RD  
VENICE FL 34293

5871 GARFIELD RD  
VENICE FL 34293

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

03/11/2002

5. FEI Number

02-0567831

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CARBONE, JOSEPH	5871 GARFIELD RD	VENICE FL 34293
<del>V</del>	<del>CARBONE, SHARRIE</del>	<del>5871 GARFIELD RD</del>	<del>VENICE FL 34293</del>
<del>V</del>	<del>James Staub</del>	<del>5871 Garfield Rd</del>	<del>Venice, FL 34293</del>
<del>T</del>	<del>Eric Staub</del>	<del>5871 Garfield Rd</del>	<del>Venice, FL 34293</del>
500024091885 10/24/03--01067--009 **150.00			

8. Name and Address of Current Registered Agent

CARBONE, JOSEPH  
5871 GARFIELD RD  
VENICE FL 34293

9. Name and Address of New Registered Agent

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

J.C.'S ON CALL SERVICES, INC.  
5871 GARFIELD ROAD  
VENICE, FL 34293  
(941) 408-7068

October 11, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassée, FL 32314-6327

RE: J.C. On Call Services, Inc.

Dear Sir or Madam:

Enclosed is my 2003 Application for Reinstatement along with my check for \$150.00. I did not receive the prior two filings which were presumably mailed to me. Please reinstatement my Florida corporation.

If you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink that reads "Joseph Carbone". The signature is written in a cursive, flowing style.

Joseph Carbone