

FILED

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 AUG 12 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02 000037845

1. Corporation Name

JAT ENTERPRISES OF FLORIDA, INC.

2. Principal Office Address

2805 SW 20 PL

Suite, Apt. #, etc.

City &amp; State

CAPE CORAL FL

Zip

33904

Country

U.S.

3. Mailing Office Address

2805 SW 20 PL

Suite, Apt. #, etc.

City &amp; State

CAPE CORAL FL

Zip

33904

Country

U.S.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

4-1-02

5. FEI Number

02-0586140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee - Charge  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

JAMES TURNER

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

3805 SW 10 PL 3805 SW 20 PL

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES TURNER	2318 SE 10 PL CAPE CORAL FL 33904	

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 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:

James Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-04 239-770-3750

Date

Daytime Phone #

CS2001 (01/04)

Apr 22 04 11:41a

Southwest Professional

(941) 481-8838

P.2

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 22, 2004

JAT Enterprises of Florida, Inc.  
~~3305 SB~~ 20<sup>th</sup> Place  
Cape Coral FL 33904

Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee FL 32314

RE: Renewal of Corporation - #P0000037845

Please find our enclosed check for \$150 for the renewal of our corporation for 2003. We did not receive the corporation renewal form and did not realize that this form was due until preparing our taxes for the 2003 year. Please be assured that this form will be filed in a timely manner in the future.

Thank you,

*James Turner*

James Turner, President  
JAT Enterprises of Florida, Inc.