


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

05 SEP 14 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO200042491

1. Corporation Name

JASON MUSGROVE, INC.

2. Principal Office Address

9780 LAKE GEORGIA DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817

Country

3. Mailing Office Address

9780 LAKE GEORGIA DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817

Country

400059785784  
REINSTATEMENT 04-05  
09/20/05-01040-006 \*\*300.00

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

4-19-02

5. FEI Number

020589915

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

J.N. MUSGROVE

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

9780 LAKE GEORGIA DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

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 9-12-05

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
<u>President</u>	<u>JASON MUSGROVE</u>	<u>9780 LAKE GEORGIA DR.</u>	<u>ORLANDO, FL 32817</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-05

Date

321-299-2037

Daytime Phone #

**JASON MUSGROVE, INC.**

9780 Lake Georgia Dr.  
ORLANDO, FL 32817  
PHONE (321-299-2037)  
FAX (407-677-6882)

This is a request letter for the waiving of reinstatement fees. I moved after starting my corporation and was not aware of this. Enclosed is a check for \$300. Please notify me of any other payment if necessary. Thank you for your time and your consideration.