


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 15 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083408

1. Corporation Name

JPC, Inc.

W06-35770

2. Principal Office Address

339 VIRGINIA ST.

3. Mailing Office Address

339 VIRGINIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/01/02

5. FEI Number

14-1840762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

JERRY CANNIS

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

339 VIRGINIA ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State  
FL

Zip Code

33019

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

8/11/06

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>P/D</u>	<u>JERRY CANNIS</u>	<u>339 VIRGINIA ST.</u>	<u>HOLLYWOOD, FL, 33019</u>
<u>S/D</u>	<u>PEGGY CANNIS</u>	<u>339 VIRGINIA ST.</u>	<u>HOLLYWOOD, FL, 33019</u>

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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] JERRY CANNIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/06

Date

(954) 458-7613

Daytime Phone #