

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 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091634

1. Corporation Name

APPLEJAX, INC.

Principal Place of Business

4124 BLANDING BOULEVARD
JACKSONVILLE FL 32210

Mailing Address

4124 BLANDING BOULEVARD
JACKSONVILLE FL 32210



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2002

5. FEI Number

01-0741436

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
D	GOUCH, DAVID JR.	4124 BLANDING BOULEVARD	JACKSONVILLE FL 32210

800023819058

10/15/03-01058-008 **150.00

8. Name and Address of Current Registered Agent

GOUCH, DAVID JR.
4124 BLANDING BOULEVARD
JACKSONVILLE FL 32210

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

David Gouch
REGISTERED AGENT MUST SIGN

Date

10/13/2003

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:

David Gouch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/2003 904-779-0099

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Waiver of Penalty for late UBR Filing

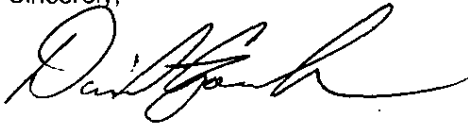
October 13, 2003

Gentlemen:

As per the instructions, please find enclosed herewith the appropriate UBR Filing Fee of \$150.00 (One-Hundred Fifty & 00/100 Dollars) for Applejax, Incorporated. This is the corporations first Uniform Business Report and we did not receive the two prior UBR notices.

Thankyou.

Sincerely,

A handwritten signature in black ink, appearing to read "David Gouch, Jr.", written in a cursive style.

David Gouch, Jr.
President and Registered Agent
Applejax, Inc.