

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000092673

1. Corporation Name

**JP SPORTS COLLECTIBLES, INC.**

2. Principal Office Address - No P.O. Box #

15201 North Cleveland Avenue

3. Mailing Office Address

15201 North Cleveland Avenue

Suite, Apt. #, etc.

Suite 940

Suite, Apt. #, etc.

Suite 940

City & State

North Fort Myers, FL

City & State

North Fort Myers, FL

Zip

33903

Country

USA

Zip

33903

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Robert B. Burandt, Esq.

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

1714 Cape Coral Parkway East

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 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5-10-07

**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
P	John E. Peery	15201 North Cleveland Ave., Ste. 940	North Fort Myers, FL 33903
VP	Jolean Peery	15201 North Cleveland Ave., Ste. 940	North Fort Myers, FL 33903

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Peery

Date

5-11-07

Daytime Phone #

(239) 997-4997

**FILED**

2007 MAY 14 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

August 26, 2002

5. FEI Number

522380021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.