

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000126333

1. Corporation Name

J.P. BRUNER, INC.

Principal Place of Business

2124 NW 55TH BLVD APARTMENT B-2  
GAINESVILLE FL 32653

Mailing Address

2124 NW 55TH BLVD APARTMENT B-2  
GAINESVILLE FL 32653

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

11/22/2002

5. FEI Number

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	BRUNER, JAMES PAUL	2124 NW 55TH BLVD APARTMENT B-2	GAINESVILLE FL 32653

900023988259  
10/21/03--01148--006 \*\*150.00

8. Name and Address of Current Registered Agent

BRUNER, JAMES PAUL  
2124 NW 55TH BLVD APARTMENT B-2  
GAINESVILLE FL 32653

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 17 OCT 2003

I certify that I am an officer or director of the corporation and am authorized 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(9)(f), 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

17 OCT 2003

Date

352-375-3090

Daytime Phone #

CR2ED-40 (7/03)

J.P. BRUNER, INC.

2124 NW 55th Blvd #B-2  
Gainesville, FL 32653  
352-375-3090  
www.Flatballer@aol.com

October 17, 2003

Dear FLORIDA DEPARTMENT OF STATE,

I, J.P. Bruner, Officer of J.P. BRUNER, INC. would like to request a waiver be granted to me, for the reinstatement of this corporation. J.P. BRUNER, INC. was qualified to do business in the state of Florida on 11/22/2002. I did not start to do business until 08/15/2003; I also have not received my annual/uniform business reporting form. My attorney, Mr. Rick M. Knellinger, did not provide me with my corporate package until the end of July 2003, which was past the due date of May 1, 2003. I would like to state that no business, no profit, and no expenses were incurred in the 2002 calendar year. I would like to apologize for any inconvenience this has caused, and would like you to know that I am complying now, and will continue to do so with your approval to keep J.P. BRUNER, INC. active and not dissolved. Enclosed is my check for \$150.00, for my annual/uniform business report.

Thank You.

Sincerely,  
J.P. Bruner

Signature

A handwritten signature in cursive script, appearing to read "J.P. Bruner", written in dark ink.