

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016255

1. Corporation Name

JB, Inc. of Gulf Breeze

Handwritten: 2410000028122

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

5822 East Bay Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

5822 East Bay Blvd

Suite, Apt. #, etc.

City & State

Gulf Breeze

City & State

Gulf Breeze

Zip

32563

Country

Santa Rosa

Zip

32563

Country

Santa Rosa

900181959009
06/10/10--01035--003 **750.00
REINSTATEMENT 08-10
CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida: 2-1-2003

5. FEI Number
061686885

☐ 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
Euby Black

Street Address (P.O. Box Number is Not Acceptable)
5822 East Bay Blvd

Suite, Apt. #, Etc.

City
Gulf Breeze

State Zip Code
FL 32563

900181959009
06/10/10--01035--004 **8.75
900181959009
06/18/10--01033--006 **300.00

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

Handwritten signature of Euby Black

Date 6-8-10

REGISTERED AGENT MUST SIGN

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
D	Euby Black	5822 East Bay Blvd.	Gulf Breeze, FL 32563

REINSTATEMENT 08-10

10. E-mail Address: eubyblack@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Handwritten signature of Euby Black

6-8-10

850-698-7167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/21/10