

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -5 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000058717

1. Corporation Name

J & E Locksmith, Inc.

2. Principal Office Address

941 Caspian Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona

City & State

Florida

Zip

32738

Country

USA

Zip

Country

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2362023

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

Rene Fernandez

Street Address (P.O. Box Numbers Not Acceptable)

941 Caspian Court

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

Date

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
P	Rene Fernandez	941 Caspian Ct Deltona, FL 32738	Deltona, FL 32738

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:

Rene Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene Fernandez

Date

12/1/06

Daytime Phone #

386-860-5397

B. Mitchell

DEC -5 2006

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J & E Locksmith, Inc.

*941 Caspian Court
Deltona, Florida 32738
386-837-9238
Email: JELocksmith@aol.com*

*Dept. of State Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314
Reinstatement Dept.*

To Whom this may concern;

Please note that J & E Locksmith would like to have the Corporation reinstated to be established again. I am requesting that the late fees be waived due to the fact that the annual report filing form was never received. Should you have any questions feel free to contact the undersigned.

Thank you,

*Denise Fernandez
For Rene Fernandez*