

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 14 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000109361**

**1. Corporation Name**

J&M Lathing, Inc.  
1619 Roselle Avenue  
Palatka, Florida 32177

**2. Principal Office Address**

1619 Roselle Avenue

Suite, Apt. #, etc.

City & State

Palatka, Florida

Zip  
32177

Country  
USA

**3. Mailing Office Address**

1619 Roselle Avenue

Suite, Apt. #, etc.

City & State

Palatka, Florida

Zip  
32177

Country  
USA

500060627695  
10/14/05--01055--003 \*\*300.00

CR2E081 (8/05)

04-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/03/2003

**5. FEI Number**

20-0277477

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

Brandon Jones

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

1619 Roselle Avenue

Suite, Apt. #, Etc.

City

Palatka

State  
FL

Zip Code  
32177

**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

*Brandon Jones*

REGISTERED AGENT MUST SIGN

Date 10/11/2005

**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
President	Brandon Jones	1619 Roselle Avenue	Palatka, Florida 32177

**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 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:

*Brandon Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2005

Date

386-937-7181

Daytime Phone #

Trim Bookkeeping & Tax Service, Inc.  
6683 Crill Avenue  
Palatka, Florida 32177  
386-328-4164 Phone  
386-325-0804 Fax

October 11, 2005

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

J&M Lathing, Inc.  
1619 Roselle Avenue  
Palatka, Florida 32177  
P03000109361

To Whom It May Concern:

This letter is to request a reinstatement for the above client. My client was in business with James Murray. Mr. Murray handled all the business/financial side of this corporation. In July of this year Mr. Murray decided to visit California. After his departure he decided that he was going to live there. I went on line to prepare the necessary paperwork and discovered the annual fees had not been paid for 2004/2005. This letter is to request that you reinstate the corporation and waive any penalties that would be due. This business is a small entity. Had Mr. Jones known what was going on at the time he would have paid the fees and made sure the reports were mailed. Please take this matter into consideration.

Thank you,



Lisa Wiggins  
Accountant

LW

cc:file