

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 19 PM 12: 59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155703

1. Corporation Name

JJS CHEVRON, INC.

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

3939 LAND O' LAKES BLVD.

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL.

Zip

34639

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

100129774341
05/19/08--01006--003 **450.00

REINSTATEMENT 12/07 06-07

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

5. FEI Number
20-0537929

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

JOSEPH, JOHN

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

3801 CASTLE KEY LANE

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

☒ 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.

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 05/11/2008

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
PD	PHILIP JOSEPH	9252 HOME TERS	DES PLAINES, IL. 60016
VPD	SUNNY P. JOSEPH	9236 MAPLE COURT	MORTON GROVE, IL. 60053
STD	JOHN JOSEPH	3801 CASTLE KEY LANE	VALRICO, FL. 33594

8/25/19

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

05/11/2008

Date

813-760-7658

Daytime Phone #