

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 29 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000006575

1. Corporation Name

J P HEALTH SERVICES, INC.

2. Principal Office Address

3104 W. WATERS AVE

Suite, Apt. #, etc.

SUITE 205-B

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Office Address

3104 W. WATERS AVE.

Suite, Apt. #, etc.

SUITE 205-B

City & State

TAMPA, FL

Zip

33614

Country

USA

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

1-6-2004

5. FEI Number

20-0645743

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

JORGE GONZALEZ

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

1902 W. CASS ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

400079509974

09/06/06--01019--017 ***900.00

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

Jorge Gonzalez

REGISTERED AGENT MUST SIGN

Date

8-24-2006

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
PRES	PETER M. TSOKOS	909 MIZZENHAST LANE	TAMPA, FL 33602

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

8-24-2006

Date

813-310-5786

Daytime Phone #

K. Ecker AUG 29 2006