

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 NOV 15 PM 1:09  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000006649**

**1. Corporation Name**

J&J Floors R US, Inc.

**2. Principal Office Address**

12241 Hwy 441

Suite, Apt. #, etc.

City & State

Bellevue, FL

Zip  
34420

Country

Marion

**3. Mailing Office Address**

P.O. Box 1297

Suite, Apt. #, etc.

City & State

Weirsdale, FL

Zip

32195

Country

Marion

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

01/08/2004

**5. FEI Number**

59-3659125

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

James M. Hall, Jr.

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

12241 Hwy 441

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

**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

*James M. Hall, Jr.*

REGISTERED AGENT MUST SIGN

Date 11/04/2006

**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	James M. Hall, Jr.	P.O. Box 1297	Weirsdale, FL 32195

**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:**

*James M. Hall, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2006 352-245-8087

Date

Daytime Phone #

Dear State of Florida:

November 04, 2006

Re: J&J Floors R US, Inc.

I am requesting a waiver from the \$600.00 reinstatement fee.

I recently commented to our new accountant that we do not receive any mailings from the State of Florida. This is how our accountant discovered that we had not paid our annual report fee causing our corporation to be administratively dissolved.

I can say that we did not receive the annual report and fee notices. We would have recognized and paid a notice of this importance.

I have included a check for \$300.00 to pay for the two missed annual fees. Our accountant has assured us that he will monitor future payments.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "James M. Hall, Jr.", with a long horizontal line extending from the left side of the signature.

James M. Hall, Jr.  
Director