

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC -6 PM 1:52

**DOCUMENT # P05000156000**

**1. Corporation Name**

**J&J's Custom Flooring and Binding, Inc.**

**2. Principal Office Address - No P.O. Box #**  
**10274 Cara Street**

**3. Mailing Office Address**  
**P.O. Box 3602**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Spring Hill, FL**

**City & State**  
**Spring Hill, FL**

**Zip** **34608** **Country** **US**

**Zip** **34611** **Country** **US**

**4. Date Incorporated or Qualified  
To Do Business in Florida** **11/28/05**

**5. FEI Number**  
**56 2544099**

☐ 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**  
**Jennifer Jackson**

**Street Address (P.O. Box Number is Not Acceptable)**  
**10274 Cara Street**

Suite, Apt. #, Etc.

**City** **Spring Hill** **State** **FL** **Zip Code** **34608**

☒ 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** *Jennifer Jackson*  
**REGISTERED AGENT MUST SIGN**

**Date** **9/30/07**

**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	Jennifer Jackson	10274 Cara Street	Spring Hill, FL 34608
Secretary	James Young	10274 Cara Street	Spring Hill, FL 34608

100110496981  
10/09/07--01050--005 \*\*150.00

100110496981  
12/14/07--01045--010 \*\*150.00

**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:** *Jennifer Jackson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **8/30/07**

**Daytime Phone #** **727-647-9702**  
**Daytime Phone #** **727-647-9702**

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when I spoke to a lady on the phone  
regarding this corp. she told me amount that  
was owed. I also ~~explained~~ that I was a  
1<sup>st</sup> time business owner & never received any  
renewal paperwork. I didn't know I had to renew.  
This is my first time doing something like this  
but guaranteed will never happen again now  
that I know what needs to be done each year.  
727-647-4702 if you have any questions.  
352-684-1319 is my fax

Jennifer  
Jackson