

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 23 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000045158

1. Corporation Name

JL HOLMES ENTERPRISES INC

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

8321 CANTERBURY LAKES BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

8321 CANTERBURY LAKES BLVD

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA FL

Zip

33619

Country

HILLSBOROUGH

Zip

33619

Country

HILLSBOROUGH

REINSTATEMENT 10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2007

5. FEI Number
20-8888259

☐ 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

JOSE S RAMOS

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

2344 CRTESTOVER LANE

Suite, Apt. #, Etc.

City

WESLEY CHAPEL

State

FL

Zip Code

33544

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

REGISTERED AGENT MUST SIGN

Date **10/26/2010**

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
S/T	LISA V HOLMES	8321 CANTERBURY LAKES BLVD	TAMPA FL 33619
VP	JOHN C HOLMES III	8321 CANTERBURY LAKES BLVD	TAMPA FL 33619
VP	LAUREN L HOLMES	8321 CANTERBURY LAKES BLVD	TAMPA FL 33619
P	VAN T HOLMES	8321 CANTERBURY LAKES BLVD	TAMPA FL 33619

10. E-mail Address: **JOSE@ACCOUNTINGWORKSHOP.COM**

(To be used for future annual report notification)

11. 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. I further certify 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

10/25/2010 8139319344

Date

Daytime Phone #