

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P18778**

1. Corporation Name

JLR OF INDIANA, INC.

Principal Place of Business

100 CESSNA BLVD.
STE. 1
DAYTONA BEACH FL 32124
US

Mailing Address

100 CESSNA BLVD.
STE. 1
DAYTONA BEACH FL 32124
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT *B*

4. Date Incorporated or Qualified To Do Business in Florida

04/11/1988

5. FEI Number

35-1443164

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SMITH, JAMES H.	1890 ROYAL LATHAN CT. 100 CESSNA Blvd	DAYTONA BEACH FL
STD	SMITH, RYAN	1890 ROYAL LATHAN CT. 100 CESSNA Blvd	DAYTONA BEACH FL

700002725677--8
-12/29/98-01093-013
****758.75 ****758.75

8. Name and Address of Current Registered Agent

SMITH, JAMES H.
2721 SPRUCE CREEK BLVD.
DAYTONA BEACH FL 32124

9. Name and Address of New Registered Agent

Name
Smith, James H.
Street Address (P.O. Box Number is Not Acceptable)
100 CESSNA Blvd
Suite, Apt. #, Etc.
Suite I
City
Daytona Beach
State
FL
Zip Code
32124

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature] **SIGNATURE REQUIRED**

Date *12-17-98*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax)

12. 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 under section 119.07(3)(f), 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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-98

Date

904 767-2815

Daytime Phone #