

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 # **P93000026888**

1. Corporation Name **J.S. ASSOCIATES INVESTMENTS, INC.**

FILED

98 JAN 29 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**6821 San Sebastian Avenue
JACKSONVILLE, FLORIDA 32217**

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3181494

Not Applicable

Zip

Country

Zip

Country

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	PRICE, JOHN W.	6821 San Sebastian Ave.	JACKSONVILLE FLORIDA 32217
VPD	PRICE, WILMA J.	6821 San Sebastian Ave.	JACKSONVILLE FLORIDA 32217
SD	SHIMER, STEPHANIE J.	6821 San Sebastian Ave.	JACKSONVILLE, FLORIDA 32217
			4000002420524-32217
			-02/03/98--01097--017
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Nathan D. Shimer
6821 San Sebastian Avenue
JACKSONVILLE, FLORIDA 32217**

NATHAN D. SHIMER
Street Address (P.O. Box Number is Not Acceptable)
6821 San Sebastian Avenue
Suite, Apt. #, Etc.
City **JACKSONVILLE** State **FL** Zip Code **32217**

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 **Nathan D. Shimer**
REGISTERED AGENT MUST SIGN

Date **1/28/98**

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)(i), 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:

Stephanie J. Shimer **Stephanie J. Shimer** 1/28/98 904-739-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/98)