

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 #

P93 0000 44205

1 Corporation Name

JATECH AND ASSOCIATES, INC.

FILED
96 DEC 19 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

333 NORTH LAURA STREET,
SUITE 323-M
JACKSONVILLE, FL 32201

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 Address, If Applicable

REINSTATEMENT

1995
1996
mwb

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified
To Do Business in Florida

6-23-93

5 FEI Number

Applied For

58-1863367

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
DIR.	AKINPELU, JIMSON	333 N. LAURA STREET, ste 323-M.	JACKSONVILLE, FL 32201

900002035219--2
-12/20/96--01076--007
****575.00 ****575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BERNARD AYUK~~
~~936 GLYNDA DRIVE~~
JIMSON AKINPELU.
333 N. LAURA ST. STE 323M. JAX FL 32201

Name
BERNARD AYUK.
Street Address (P.O. Box Number is Not Acceptable)
333 N. LAURA ST.
Suite, Apt. #, Etc.
SUITE 323-M
City
JACKSONVILLE
State
FL
Zip Code
32201

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

Bernard Ayuk

REGISTERED AGENT MUST SIGN

Date Dec 19th 96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Dec 19th 96

Date

Daytime Phone #

CR2040 (12/95)