

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN -8 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049080

1. Corporation Name

J. PALMER SERVICES INC.

Principal Place of Business

Mailing Address

3100 NW 164TH STREET  
MIAMI FL

3100 NW 164TH STREET  
MIAMI FL

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

07/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0435847

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	PALMER, JACOB	3100 NW 164TH STREET	MIAMI FL 33054
SD	PALMER, CAROLYN L	3100 NW 164TH STREET	MIAMI FL 33054

700002398027-2  
-01/13/98--01030--025  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PALMER, JACOB  
3100 NW 164TH STREET  
MIAMI FL 33054

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Jacob Palmer*  
REGISTERED AGENT MUST SIGN

Date 1-5-98

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:

*Jacob Palmer* JACOB PALMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-97 3056219966  
Date Daytime Phone #

CR2040 (8/97)