

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P93000055202

JEFF'S CARPENTRY AND TRIM, INC.

Mailing Address

1111 BUTTERMILK LN
PORT ORANGE FL 32119
US

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/02/1993

5. FEI Number

Applied For

59-3199677

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	4 City / State / Zip
DP	WHITLOCK, JEFFREY L	1111 BUTTER MILK LN	PORT ORANGE FL
DS	CAMPBELL, DIONISIO	3800 EMILIA DR	DAYTONA BCH SHORES FL
T	SMITH, MIKE	4800 OLD KINGS RD	FLGLER BCH FL
V	MASSING, KENNY	2830 QUEEN PALM	PORT ORANGE FL
			300003034143--9 -11/03/99--01065--009 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITLOCK, JEFFREY L
1111 BUTTERMILK LN
PORT ORANGE FL 32119

Name JEFF Whitlock
Street Address (P.O. Box Number is Not Acceptable)
1111 Butter Milk Lane
Suite, Apt. #, Etc.
Port Orange
City

State FL	Zip Code 32119
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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

Date 10/26/99

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 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:

SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

924-760-0312