

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

J.T. Franchise Corporation

Principal Place of Business

Mailing Address

3002 W. Aquilla St.
Tampa, FL 33629

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

3002 W. Aquilla St.
Tampa, FL
33629 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3201063

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)

Name of Officers and/or Directors

Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

City / State / Zip

P. JEFF TOLRUD

3002 W. Aquilla St.

Tampa, FL 33629

REINSTATEMENT

96-99

16

MAY 17 1999

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RANDY WOLFE
Auris, Mitchell, Cocker, Edwards & Pohn
One Tampa City Center #2100
Tampa, FL 33601

Name

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

Suite, Apt. #, Etc

City

600002875876-5

-05/14/99

***1200.00 ***1200.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05

Signature of Registered Agent

Randy J. Wolfe

REGISTERED AGENT MUST SIGN

Date

4/27/99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy J. Wolfe

4/21/99

Date

813-254-7170

Daytime Phone #

CPAE08 (12/98)