

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JUL 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082878**

1. Corporation Name

JPS GOMEZ-GRANT DEVELOPMENT CORP.

700057894367
07/26/05--01024--003 **2408.75

REINSTATEMENT 94-05

2. Principal Office Address

1122 PARK ST. N.

Suite, Apt. #, etc.

3. Mailing Office Address

1122 PARK ST. N.

Suite, Apt. #, etc.

City & State

ST. PETERS BURG, FL

Zip

33710

Country

City & State

ST. PETERS BURG, FL

Zip

33710

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/93

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH G. ARSENAULT, JR

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

10225 ULMERTON RD

Suite, Apt. #, Etc.

SUITE 2

City

LARGO, FL

State

FL

Zip Code

34641

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7-25-05**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	JACK R. STAPLES	1122 PARK ST. N.	ST. PETERS BURG, FL 33710

10. 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:

JACK STAPLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/05

Date

727-455-5175

Daytime Phone #

CR2E081 (01/05)

7/27/05