

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 AUG 11 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012759

1. Corporation Name

JEMESCO, INC.

Principal Place of Business

Mailing Address

15476 N.W. 77th CT., SUITE 347  
MIAMI LAKES, FL 33016

200002266892--3  
-08/14/97--01052--003  
\*\*\*\*915.00 \*\*\*\*915.00

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

2/3/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
31-1317534

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
PRES.	PAUL D. WARFIELD	15476 NW 77th CT, STE 347	MIAMI LAKES, FL 33016
TREAS.	BEVERLY A. WARFIELD	15476 NW 77th CT, STE 347	MIAMI LAKES, FL 33016

REINSTATEMENT 96-97  
A. d. l. p. u.  
8/11/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARFIELD, PAUL D.  
15476 N.W. 77th CT., SUITE 347  
MIAMI LAKES, FL 33016

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

*Paul Warfield*

REGISTERED AGENT MUST SIGN

Date 8-4-97

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 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:

*Beverly A. Warfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul D. Warfield*

8-4-97

Date

305-826-4816

Daytime Phone #

CP2EQ40 (12/96)