

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000032434

1. Corporation Name

JRC INVENTIONS, INC.

FILED

97 APR 22 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

See below —

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

REINSTATEMENT 15-97

2. New Principal Office Address, If Applicable

JRC, INVENTIONS, INC

3. New Mailing Office Address, If Applicable

JRC INVENTIONS, INC

Suite, Apt. #, etc

210 Colonial Lane

Suite, Apt. #, etc

210 Colonial Lane

City & State

LONGWOOD FL

City & State

LONGWOOD

Zip

32750

Country

SEMINOLE

Zip

32750

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Apr 27, 1994

5. FEI Number

59-3298412

Applied For

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)

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
P/D	Franklin F. RAMSEUR, III	210 Colonial Lane	Longwood, FL 32750
SEC/D	Franklin F. RAMSEUR, III	210 Colonial Lane	Longwood, FL 32750
			300002157913--8
			-04729797--01047--006
			***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

JAMES R. Cochran
287 Torpoint Gate
LONGWOOD, FL 32779

9. Name and Address of New Registered Agent

Name
F. F. RAMSEUR
Street Address (P.O. Box Number is Not Acceptable)
210 Colonial Lane
Suite, Apt. #, Etc.
City
LONGWOOD
State
FL
Zip Code
32750

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

Franklin F. Ramsey, III, Reg. Agt.
REGISTERED AGENT MUST SIGN

Date

4-1-97

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN F. RAMSEUR, III, PRES/DIR

Date

4-1-97 407-643-0504

Daytime Phone #

CR2E040 (12/96)