

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052676

1. Corporation Name

J. D. RISING SUN, INC.

Principal Place of Business

Mailing Address

25817 US 19
CLEARWATER FL 33763
US

25817 US 19
CLEARWATER FL 33763
US

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

2. New Principal Office Address, If Applicable

30541 U.S. 19 N.

Suite, Apt. #, etc.

City & State PALM HARBOR, FL

Zip 34684 Country U.S.A.

3. New Mailing Office Address, If Applicable

30541 U.S. 19 N.

Suite, Apt. #, etc.

City & State PALM HARBOR, FL

Zip 34684 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1994

5. FEI Number

59-3258735

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 3	City / State / Zip 4
D	BANDY, JASON D	25817 US 19	CLEARWATER FL
D	BANDY, RUSSELL J	25817 US 19	CLEARWATER FL
			500025156615 12/02/03--01028--021 **\$600.00
			500025156615 01/09/04--01044--030 **\$150.00

8. Name and Address of Current Registered Agent

ROTHMAN, MARK A
7211 N DALE MABRY HWY
SUITE 200
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

J. D. BANDY

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

30541 U.S. 19 NORTH

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-10-03

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

(727) 215-5760

Daytime Phone #

CR2E040 (7/03)