

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 # P94000078496

1. Corporation Name

Jubilee Products, Inc.

FILED

98 JAN 20 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20665 Country Barn DR.
ESTRO, FL 33928

Mailing Address
P.O. Box 704
ESTRO, FL
33928

REINSTATEMENT

96-98

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/94

5. FEI Number

59-3272887

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	Thomas J. Rhein	20665 Country Barn DR.	ESTRO, FL 33928
V.P/D	ISAAC H. NUNN	129 S.E. 1st AVE.	CAPE CORAL, FL 33990
Secy/Tre.	ELAINE M. Rhein	20665 Country Barn DR.	ESTRO, FL 33928
			100002405691--2
			-01/20/98--01176--001
			***1111.25 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ISAAC H. NUNN

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

129 S.E. 1st AVE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

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

Isaac H. Nunn

REGISTERED AGENT MUST SIGN

Date

1/20/98

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

PRESIDENT

Date

1-20-98

Daytime Phone #

CR2E040 (12/96)