

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000088535**

1. Corporation Name

Jager Corporation, Inc.

2. Principal Office Address

615 Crystal Grove Blvd

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lutz, FL

Zip

Country

Zip

Country

33548-4494

USA

FILED
04 APR 12 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500031280505

04/13/04--01003--009 **185.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/5/94

5. FEI Number

59-3283815

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

Jerold A. Little

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

615 Crystal Grove Blvd.

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548-4494

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

Jerold A. Little

REGISTERED AGENT MUST SIGN

Date **3/22/04**

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
PSD	Julie Little	615 Crystal Grove Blvd	Lutz, FL 33548-4494
			T. Lewis 4/12/04

REINSTATEMENT

01-24

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:

Julie Little
President

3/22/04

Date

813-948-1408

Daytime Phone #

CR2E081 (10/02)