

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015867

1. Corporation Name

JEFCO, INC. OF TALLAHASSEE

Principal Place of Business

2516 WEST TENNESSEE STREET
TALLAHASSEE FL 32304

Mailing Address

8130 BLUE QUILL TRAIL
TALLAHASSEE FL 32312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1995

5. FEI Number

58-2164003

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
P	OATES, THOMAS J	8130 BLUE QUILL TRAIL	TALLAHASSEE FL 32312
S	OATES, TAMARA A	8130 BLUE QUILL TRAIL	TALLAHASSEE FL 32312

REINSTATEMENT

8. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S
% ROSE SUNDSTROM & BENTLEY
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Daren L. Shippy

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

2548 Blairstone Pines Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-02

Daytime Phone #

850 574-0014

CR2040 (8/02)