

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000016422**

1. Corporation Name

J-CO Enterprises Inc. of North Fl.

Principal Place of Business

Mailing Address

**4027 N.W. 59 Ave
Gainesville, FL 32653**

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

2. New Principal Office Address, If Applicable

8270 N.W. 174 Place

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Trenton FL

City & State

Zip

32693

Country

Levy

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-22-95

5. FEI Number

59-3295689

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SB 75: All filers are required
to file a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	Robert Wilks	8270 N.W. 174 Pl	Trenton, FL 32693
S	Susan Wilks	8270 N.W. 174 Pl.	Trenton, FL 32693

REINSTATEMENT **99**

200003068522--4

12/13/99-01136-010

****758.75 ****758.75

200003068522--4

12/13/99-01136-010

****758.75 ****758.75

8. Name and Address of Current Registered Agent

**Robert E. Wilks
8270 N.W. 174 Pl
Trenton, FL 32693**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-22-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Wilks

11-22-99

Date

352-463-1681

Daytime Phone #

CR-2001 (12/98)