

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 # **P95000020102**

1. Corporation Name

**JT ACCOUNTING & TAX SERVICES, INC.**

FILED

96 DEC 19 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **814 SE 46<sup>th</sup> Lane, Unit 1**  
**432 S.W. 38TH ST.**  
**CAPE CORAL FL 33914**  
**33904**

Mailing Address: **PO Box 674**  
**432 S.W. 38TH ST.**  
**CAPE CORAL FL 33914**  
**33910**



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

2. New Principal Office Address, If Applicable <b>814 SE 46<sup>th</sup> Lane</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>PO Box 674</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>03/10/1995</b>	
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>		5. FEI Number <b>65-0565054</b>	
Zip <b>33904</b>		Zip <b>33910</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
President	James Testasecca	64 4 <sup>th</sup> street A-106	Bonita Springs, FL 34134
			300002034939--6 -12/20/96--01054--007 ****375.00 ****375.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TESTASECCA, JAMES 432 S.W. 38TH ST. CAPE CORAL FL 33914		Name Street Address (P.O. Box Number is Not Acceptable) <b>64 4<sup>th</sup> street</b> Suite, Apt. #, Etc. <b>A106</b> City <b>Bonita Springs</b>		State <b>FL</b>	Zip Code <b>34134</b>
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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

**James Testasecca**  
REGISTERED AGENT MUST SIGN

Date **12/16/96**

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: **James Testasecca**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/16/96** (941) 549-7576  
Daytime Phone #