

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000057243 (4)

1. Corporation Name

JPN, INC.

Principal Place of Business

Mailing Address

3048 JOG RD
GREEN ACRES FL 33463

8228 ULMERTON RD
LARGO FLA 33771

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3328741

Not Applicable

Zip

Country

Zip

Country

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)

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
DVT	NOVACK, JOSEPH P.	2120 MARQUIS CIRCLE	NEW PORT RICHEY, FL 34655
DPS	WILLIAMS, MATTHEW	10635 HATTERAS DR. N.	TAMPA, FL 33615

200002686732-3
-11/13/98-01032-002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

POITEVENT, BENJAMIN E ESQ.
7020 E. LAFAYETTE ST.
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
BENJAMIN E. POITEVENT, ESQ
Street Address (P.O. Box Number is Not Acceptable)
2341 LIMERICK DR.
Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32308

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

Benjamin E Poitevent

REGISTERED AGENT MUST SIGN

Date 11/3/98

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:

Joseph Novack JOSEPH NOVACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/98 (727) 531-2744
Date Daytime Phone #

CR2040 (12/95)