PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR. REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Wortnam Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000057313
------------	--------------

1. Corporation Name

JUL-JAC, INC.



00 0CT | | PM 2: 40"

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	lace of Busine		Mailing Addre	ess.											
3766 S.E. Ocean Blvd. 3766 S.E. Ocean Blvd					lvd.		{		•						
Stuart, FL 34996 Stuart,				, FL 34996			G	9-1	(10		A A	BK	D		
		incorrect in any way, line thr					elow.								
2. New Pri	ncipal Office	Address, If Applicable	3. New Mailir	ng Office Address, If Applicable			4. Date Inco	orporated or Q	ualified						
3766	S.E. 00	ean_Blvd	13766 S.	6 S.E. Ocean Blvd.				To Do Business in Florida					7/25/95		
Stuart, FL 34996		Stute, Apt. #, etc. Stuart, FL 34996			5. FEI Num			Applied For							
			City & State		65-0597810				├						
City & State		City & State			700- m.e.				: 8%4 :: 8%4	Not Applica	oie				
Zip	ip Country Zip			Country				6. CERTIFICATE OF STATUS DESIRED				\$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ac	dresses of Each Officer and	or Director (Flor	ida nonprot	lit corpora	tions must l	ist at lea	ast 3 directors)							
Title(s)	2	Name of Officers and/or Directors	Of			icer and/or	Address of Each er and/or Director Post Office Box Numbers) 4			City / State / Zip					
P	Goldbe	erg, Lawrence		6998 Touchstone				cle	Palm	Beach	Gard	ens,	FL 334	18	
VP Taylor, William F.				3766	S.E.	0cean	Blvo	d. ,	<u>1819</u> ç	<u> 5</u> 94;	288	<u> 96:</u>	-	_	
									-	-					
										FF "	#300	00			
								8	1000	3 4 ; 9/18/0	289 1011	398 1076=	.—- <u>S</u> -014	>	
									9/:34	** 9 35	.33 °	*****	300.00		
8. Name and Address of Current Registered Ag			Registered Age	nt		9. Name and Address of I				New Regis	stered Ag	jent			
					7.4	Name			_						
Taylor, William F.					Street Address (P.O. Box Number is Not Acceptable)										
3766 S.E. Ocean Blvd. Stuart, FL 34996					Suite, Apt. #, Etc.										
						City					State	Zip Cod	3		
10. I, being	appointed th	e registered agent of the abo	ove named corpo	ration, am f	amiliar wi	th and acce	pt the ob	bligations of Se	ection 607.050	5, F.S.		1			
Signature o	of ///	11	5/2	- 0	[]			~	Date _	9/-	2/	200	<u></u>	<u>.</u>	
J	· -	RI	EGISTERED AGI	ENT MUST	SIGN										

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 filling 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.

Yes 🖾

JUL-JAC, INC.

SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

William F. Taylor, Vice President

(561) 219-0910

Daytime Phone #

(See other side for information on intangible tax.)