

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -6 AM 9:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

JSP CONCESSIONS, INC

2. Principal Office Address

P. O. BOX 303

3. Mailing Office Address

P. O. BOX 303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MYAKKA CITY, FL

City & State

MYAKKA CITY, FL

Zip

34251

Country

US

Zip

34251

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-25-96

5. FEI Number

65-0630030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN H. WHITFIELD

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

1674 UNIVERSITY PARKWAY

Suite, Apt. #, Etc.

365

City

SARASOTA

State

FL

Zip Code

34243

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/3/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOSE PAGES SR	9917 WACHULA ROAD	MYAKKA CITY, FL 34251
TREA	SABINA PAGES	9917 WACHULA ROAD	MYAKKA CITY, FL 34251

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #