

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097432**

1. Corporation Name

Jordan & Son Air Repair, Inc P593355521

2. Principal Office Address
1516 E 11th St

Suite, Apt. #, etc.

City & State
Panama City, FL

Zip
32401

Country

3. Mailing Office Address
1516 E 11th St

Suite, Apt. #, etc.

City & State
Panama City, FL

Zip
32401

Country

REINSTATEMENT 06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/1995

5. EEL Number
59-3355521

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
Kenneth Jordan Jr.

Street Address (P.O. Box Number is Not Acceptable)
1516 E 11th St

Suite, Apt. #, Etc.

City
Panama City

State
FL

Zip Code
32401

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

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
P	Kenneth A Jordan, Jr	8506 Wallcraft	Youngstown, FL 32466
S/T	Frances Jordan	8506 Wallcraft	Youngstown, FL 32466

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

PRESIDENT

11/10/06

Date

850-541-3697

Daytime Phone #