

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 # P96000005357

1. Corporation Name

J & M DONUTS, INC.

Principal Place of Business

6999 AL MERRILL ROAD
JACKSONVILLE FL 32211

Mailing Address

6999 AL MERRILL ROAD
JACKSONVILLE FL 32211

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

11657 Beach Blvd.
Jacksonville, FL
32246
Duval

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1996

5. FEI Number

59-3452686

Applied For

Not Applicable

6. 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
D	DECASTRO, MANUEL	6999 AL MERRILL ROAD	JACKSONVILLE FL 32211
D	DECASTRO, LEONA	6999 AL MERRILL ROAD	JACKSONVILLE FL 32211

REINSTATEMENT

97

A. Alan

12/12/97

8. Name and Address of Current Registered Agent

DECASTRO, MANUEL
6999 AL MERRILL ROAD
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

300002374053--0

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

-12/16/97-01110-016

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Manuel J. de Castro

Date 11-18-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Does not owe
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.

Manuel J. de Castro, President

SIGNATURE:

Manuel J. de Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-97 998-2255

Date

Daytime Phone #

CR200-00 (8/97)