

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen E. ...
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031234

1. Corporation Name

JSR OF FLORIDA, INC.

Principal Place of Business

5321 BLUE JAY DRIVE
HOLIDAY FL 34690

Mailing Address

5321 BLUE JAY DRIVE
HOLIDAY FL 34690

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

4. Date Incorporated or Qualified To Do Business in Florida

04/04/1996

5. FEI Number

50-3378193

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	4 City / State / Zip
PD	KASELITZ, JACK	5321 BLUE JAY DRIVE	HOLIDAY FL 34690
VSTD	KASELITZ, SHARON L	5321 BLUE JAY DRIVE	HOLIDAY FL 34690
			700003067187--2
			-12/13/99-01006-005
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

KASELITZ, SHARON L
5321 BLUE JAY DRIVE
HOLIDAY FL 34690

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Sharon L. Kaselitz
REGISTERED AGENT MUST SIGN

Date 10/27/99

11. 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:

Sharon L. Kaselitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON L. KASELITZ, V.P.

10/27/99
Date

(727)943-8386
Daytime Phone #

CRCE040 (8/99)

James L. Mashlonik, CPA, P.A.
Certified Public Accountant

6119 Grand Boulevard
New Port Richey, FL 34652-2607
(727) 842-4850 • FAX (727) 845-8864

October 21, 1999

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: JSR of Florida, Inc.
Document No. P96000031234

Dear Sirs,

This letter is a request for abatement of the late filing fees associated with the above captioned corporation. The corporation's management believed their attorney was taking care of their annual report since he was providing services on the corporation's behalf around the time of renewal. This misunderstanding has resulted in the report not being timely filed.

The corporation's management has a strong commitment to legal compliance as is evidenced by their unblemished record of timely filings with the Department of State. Clearly, this case deserves special consideration due to the misunderstanding with their attorney and their outstanding prior record of compliance.

I wish to thank you in advance for your kind consideration and clemency. Should you require further information or assistance, please advise.

Sincerely,

James L. Mashlonik, CPA, P.A.

James L. Mashlonik
Certified Public Accountant

Enc: Application for Reinstatement
Check in the amount of \$150.00

cc: JSR of Florida, Inc

James L. Mashlonik, CPA, P.A.
Certified Public Accountant

6119 Grand Boulevard
New Port Richey, FL 34652-2607
(727) 842-4850 • FAX (727) 845-8864

November 9, 1999

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: JSR of Florida, Inc
Document No. P96000031234

COPY

Dear Sirs,

I am in receipt of your letter dated November 4, 1999, copy attached, for the above captioned corporation. Please be advised that the corporation did not receive the annual report notices.

The corporation's management was involved with other administrative and tax compliance issues around the time of renewal. Accordingly, the oversight was not detected until the receipt of the Notice of Administrative Dissolution.

Due to the above circumstances, I am requesting that the Department abate the \$600.00 reinstatement fee. I wish to thank you for your kind consideration. Should you require further information, please advise.

Sincerely,

James L. Mashlonik, CPA

James L. Mashlonik
Certified Public Accountant

cc: JSR of Florida, Inc.