

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060132

1. Corporation Name

LSJC, INC.

Principal Place of Business

2945 NORTH AUSTRALIAN AVENUE STE B
WEST PALM BEACH FL 33407

Mailing Address

2945 NORTH AUSTRALIAN AVENUE STE B
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1996

5. FEI Number

COPY SS-4 ATTACHED

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 | JOHNS, JACKIE C | 2940 NORTH AUSTRALIAN AVENUE STE | WEST PALM BEACH FL 33407 |
| | | | 288882485982-4 -01/21/98--01014--013 ****750.00 ****750.00 |
| | | | |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

~~WHITFIELD, V L~~ JACKIE C. JOHNS
~~224 DATURA STREET STE 010~~
~~WEST PALM BEACH FL 33401~~

9. Name and Address of New Registered Agent

Name JACKIE C JOHNS
Street Address (P.O. Box Number is Not Acceptable)
2945 NORTH AUSTRALIAN AVENUE
Suite, Apt. #, Etc. STE B
City WEST PALM BEACH State FL Zip Code 33407

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-30-97

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

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-97

Date

Daytime Phone #

FILED

98 JAN 16 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *AD 1/16*

CPCE040 (8/97)