

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000081989**

1. Corporation Name

JAX EQUITY FUNDING, INC.

Principal Place of Business

6295-R POWERS AVE
JACKSONVILLE FL 32217
US

Mailing Address

P O BOX 10492
JACKSONVILLE FL 32247
US



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		4. Date Incorporated or Qualified To Do Business in Florida 10/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3456621	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	JARNAGIN, BRUCE A	6295-R POWERS AVE	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

DOYLE, WILLIAM E
1301 RIVERPLACE BLVD
SUITE 2600
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name **BRUCE A. JARNAGIN**
Street Address (P.O. Box Number is Not Acceptable)
6295-R POWERS AVENUE
Suite, Apt. #, Etc.
JACKSONVILLE
City
State **FL** Zip Code **32217**

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/18/98**

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 REQUIRED
BRUCE A. JARNAGIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/98** (904) 739-9300
Daytime Phone #

CR2E040 (9/98)



JAX EQUITY FUNDING, INC.

P.O.B. 10492
JACKSONVILLE, FL. 32247-0492

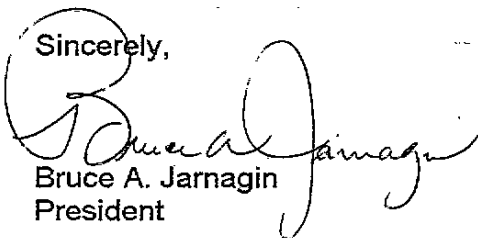
November 18, 1998

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

To Whom It May Concern:

It has just come to our attention today that our corporation was dissolved effective last month. Per telephone inquiry I was instructed to enclose a \$150.00 and explain why renewal was not paid. We have been having major delivery problems with the postal service. We did not receive any of the renewal packages. Please accept our apology in this matter.

Sincerely,



Bruce A. Jarnagin
President