

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 DEC 17 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088704

1. Corporation Name

JADIS HOLDING CORPORATION

Principal Place of Business

1662 N. MISSION RD
TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 21122
TALLAHASSEE FL 32316

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

2. New Principal Office Address, If Applicable

1235 AIRPORT DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32304

Country

UNITED STATES

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1996

5. FEI Number

59-3412293

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/P	ADDISON, JARVIS A	1662 N. MISSION RD	TALLAHASSEE FL 32304
D/V	JOHNSON, RICHARD R	411 CHAPEL DR APT 401	TALLAHASSEE FL 32304
D/V	HARRIS III, LAWRENCE	3033 N. OAK STREET EXT. #143	VALDOSTA, GA 31605

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-12/23/98--01062--017
****758.75 ****758.75

8. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
15 SIDONIA AVE
SUITE 2
CORAL GABLES FL 33134-3449

9. Name and Address of New Registered Agent

Name

JARVIS A. ADDISON

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

1662 N. MISSION RD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/15/98

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

Yes ☒ No ☐

(See instructions 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)(f), 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/98
Date

980-3780
Daytime Phone #

CR2040 (9/88)