

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000094832**

1. Corporation Name

J.T. Macgill, Inc
PO Box 7013
Winter Haven FL 33883

2. Principal Office Address

725 W. Central Ave

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

3. Mailing Office Address

PO Box 7013

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip

33883

Country

USA

400012794504
02/13/03--01056--003 **900.00

4. Date Incorporated or Qualified To Do Business in Florida
11-96

5. FEI Number

59-3431960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anne W. Eisinger

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

725 W. Central Avenue

Suite, Apt. #, Etc.

City

Winter Haven FL

State

FL

Zip Code

33880

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **1/10/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Anne W. Eisinger	725 W. Central Ave	Winter Haven FL 33880
VP	Richard H. Eisinger Sr	725 W. Central Ave	Winter Haven FL 33880

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne Eisinger

Date

1/10/03

Daytime Phone #

863-294-3400

CR2E081 (9/01)