

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000038000

1. Corporation Name

J. MUENCH INC.

Principal Place of Business

Mailing Address

18425 US HWY 19 N  
CLEARWATER FL 33764  
US

18425 US HWY 19 N  
CLEARWATER FL 33764  
US

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

2. New Principal Office Address, If Applicable

4361 81ST AVE N.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4361 81ST AVE N.  
Suite, Apt. #, etc.

City & State  
PINELLAS PARK, FL

Zip 33781 Country USA

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PINELLAS PARK, FL

Zip 33781 Country USA

REINSTATEMENT

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00 OCT 19 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/1997

5. FEI Number

59-3447137

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MUENCH, JUDY	4361 81ST AVENUE NORTH	PINELLAS PARK FL 33781
			100003446301--4 -11/01/00--01053--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENCH, JUDY  
4361 81ST AVENUE NORTH  
PINELLAS PARK FL 33781

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 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

JUDY L. MUENCH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

KE

CR2E040 (8/00)