

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000060472

1 Corporation Name

J. FORD PROPERTIES, INC.

Principal Place of Business
1032 W. ROBINSON ST.
ORLANDO, FL 32805

Mailing Address
1032 W. ROBINSON ST.
ORLANDO, FL 32805

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

FILED

99 NOV 22 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/97

SP

5. FEI Number

59-345 8337

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
PVSTD	JAMES R. FORD	1032 W. ROBINSON ST.	ORLANDO, FL 32805
			500003070995--5 -12/15/99--01054--010 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

REINHARD G. STEPHAN
2699 LEE ROAD, SUITE 540
WINTER PARK, FL 32789

9. Name and Address of New Registered Agent

Name James R. Ford
Street Address / P.O. Box Number (Not Acceptable)
4150 Windcross Lane
Suite, Apt. #, Etc.

City Orlando FL

State FL

Zip Code 32839

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

REGISTERED AGENT MUST SIGN

Date 8/1/99

11. This corporation owes 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:

JAMES R. FORD, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/1/99

Daytime Phone # 407 649-81

CR2E081 (12-98)