PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 21 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068332

1. Corporation Name

J P C + 3, INC.

Principal Place of Business	Mailing Address
8741 S.W. 52ND STREET COOPER CITY FL 33328	8741 S.W. 52ND STREET COOPER CITY FL 33328

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

4. Date Incorporated or Qualified To Do Business In Florida: 06/07/1997

5. FEI Number: 65-0772735 ☐ 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	4 City / State / Zip
D	COMO, JOHN P	8741 S.W. 52ND STREET	COOPER CITY FL 33328
D	COMO, JEAN A	8741 SW 52 ST	COOPER CITY FL 33328
			200003029612--1 -10/29/99--01081--017 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COMO, JOHN P 8741 S.W. 52ND STREET COOPER CITY FL 33328	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (6/99)

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: John P Como — Date: 10-13-99
REGISTERED AGENT MUST SIGN

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: John P Como — 10-13-99 — 954 961 5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John P Como

0066470 AF

(2)

OCT. 13 1999

TO WHOM I MAY CONCERN

UPON RECEIPT OF THIS DOCUMENT I CALLED YOUR OFFICE TO INQUIRE ABOUT IT, IMMEDIATELY.

I AM RESPECTFULLY REQUESTING THAT YOU ACCEPT MY FEE FOR MY ANNUAL CORP REPORT. I NEVER RECEIVED ANY SUCH PAPERS FOR RENEWAL. I HAVE CONTINUED PAYING MY TAXES AND DOING MY DAY TO DAY BUSINESS UNDER THE CORPORATE RULES. FOR NO REASON WOULD I NOT WANT TO REMAIN IN GOOD STANDARDS WITH YOUR DIVISION.

PLEASE ALLOW ME THIS REQUEST. THERE ARE NO CHANGES WITHIN THE CORPORATION AND QUITE HONESTLY THE REINSTATEMENT FEE WOULD BE A BURDEN ON ME.

THANK YOU
John P Como
JOHN P. COMO

JPC + 3 INC
8741 SW 52 ST
COOPER CITY FL 33328