

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

98 NOV 23 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000087070

1. Corporation Name

JFC COMMUNICATIONS, INC.

Principal Place of Business

4800 DELLWOOD AVENUE
JACKSONVILLE FL 32205

Mailing Address

4800 DELLWOOD AVENUE
JACKSONVILLE FL 32205

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

10/08/1997

5. FEI Number

59-3478006

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 | WELLHAUSEN, ASHLEY C | 4800 DELLWOOD AVENUE | JACKSONVILLE FL 32205 |
| D | JOHNS, A.J. | 4800 DELLWOOD AVENUE | JACKSONVILLE FL 32205 |
| D | FISHER, THOMAS M | 4800 DELLWOOD AVENUE | JACKSONVILLE FL 32205 |
| D | CARTER, ELAINE JONES | 4800 DELLWOOD AVENUE | JACKSONVILLE FL 32205 |
| D | BAKER, J. RICHARD | 4800 DELLWOOD AVENUE | JACKSONVILLE FL 32205 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

200002700082-5
FISHER, THOMAS M
4800 DELLWOOD AVENUE
JACKSONVILLE FL 32205
-12/02/98-01038-020
****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Fisher

Date

Daytime Phone #

11/16/98 904-384-1270

CR2E040 (9/98)