

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Andra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000096349

1. Corporation Name

JSW Holdings Florida, Inc.

Principal Place of Business

Mailing Address

1809 Medart Drive, Tallahassee, Fla 32303

P.O. Box 3013, Tall., 32315-3013

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

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 12, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-352-3461

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| | Pinky Douglas, Executive Director | 1809 Medart Drive | Tallahassee, Fla 32303 |
| | James Daniels Marketing Director | 510 Mitchell Street | Jasper, Fla 32052 |
| | Roger Champion Sales Director | 4710 CAPITAL Circle SW Tall. Fla. | Tall., Fla 32310 |
| | | | 800002662718--4 -10/13/98--01053--008 ****165.00 ****150.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JSW Florida
Pinky Douglas
Executive Director
1809 Medart Drive
Tall., Fla 32304

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

10-7-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Pinky Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/16/98

Daytime Phone #

487-7484

CR2ED-00 (12/96)