

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000098936

1. Corporation Name

JO-MARK ENTERPRISES, INC.

Principal Place of Business

~~40755 49TH STREET NORTH~~  
~~CLEARWATER FL 33762~~

Mailing Address

~~40755 49TH STREET NORTH~~  
~~CLEARWATER FL 33762~~

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

2. New Principal Office Address, If Applicable

11880 WALKER AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11880 WALKER AVE

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

33772

Country

USA

Zip

33772

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/1997

5. FEI Number

59-3482967

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	PACZYNSKI, JOHN	11880 WALKER AVE.	SEMINOLE FL 33772
D	PACZYNSKI, SHIRLEY	11880 WALKER AVE.	SEMINOLE FL 33772

8. Name and Address of Current Registered Agent

PACZYNSKI, JOHN  
11880 WALKER AVENUE  
SEMINOLE FL 33772-7127

9. Name and Address of New Registered Agent

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

*John Paczynski*

Date

10-18-00

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.

KE

SIGNATURE:

*Shirley Paczynski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-00

CR2E040 (8/00)