

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 11 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/23/01--01103--009

****900.00 ****900.00

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-05/23/01--01103--010

*****8.75 *****8.75

REINSTATEMENT

DOCUMENT # P97000105193

1. Corporation Name

JSF, INC.

2. Principal Office Address

1206 Manatee Avenue West

3. Mailing Office Address

P. O. Box 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34205

Country

Manatee

Zip

34206

Country

Manatee

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/15/97

5. FEI Number

650818132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

G. Joseph Harrison

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

1206 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton,

State

FL

Zip Code

34205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

G. Joseph Harrison

REGISTERED AGENT MUST SIGN

Date 5/10/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JAMES S. FLEMING	208 42nd Street Northwest	Bradenton, Florida 34025

10. 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:

G. Joseph Harrison

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01

Date

941-746-1167

Daytime Phone #

CR2001 (9/99)