

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 NOV 15 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001084

1. Corporation Name

JCJ ENTERPRISES OF SEBASTIAN, INC.

99AR

Principal Place of Business  
99A  
990 90TH AVENUE  
VERO BEACH FL 32967

Mailing Address  
99A  
990 90TH AVENUE  
VERO BEACH FL 32967

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

01/08/1998

5. FEI Number

105-0803809

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 9/20/99	BRYANT, DENNIS	523 CROSS CREEK CIRCLE	SEBASTIAN FL 32958
VP/Sec	Bryant, Vicki M.	523 Cross Creek Circle	Sebastian, FL 32958

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCHUGH, JOHN J JR  
333 17TH STREET  
SUITE U  
VERO BEACH FL 32960

Name

DENNIS A. BRYANT

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

523 CROSS CREEK CIRCLE

Suite, Apt. #, Etc.

City

SEBASTIAN

State

FL

Zip Code

32958

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/99

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99

Daytime Phone #

CR23040 (8/99)

... November 1, 1999

Katherine Harris  
Dept of State  
P.O. Box 6327  
Tallahassee, FL 32314

✓

Dear Madam

Please accept this as discuss in our conversation in mid October. You needed the complete information and signature of the New Registered Agent. You have been holding the money since July. We did not receive the first mail out saying that you needed this information. Please note an address change.

Thank you

Uicki Bryant

V.P./Sec.

JCT Enterprises of Sebastian Inc.