

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 DEC 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 990000018723

1. Corporation Name

JVNetworks, Inc.

Principal Place of Business

2805 W. Platt St.
Tampa, FL 33609

Mailing Address

2805 W. Platt St.
Tampa, FL 33609

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

2. New Principal Office Address, If Applicable

2805 W. Platt St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2805 W. Platt St.
Suite, Apt. #, etc.

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/98

5. FEI Number

59-3496115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

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
PRESIDENT	JONATHAN P. VIELHABER	2805 W. PLATT ST.	TAMPA, FL 33609

300003082043-2
-12/28/99-01060-008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

JONATHAN P. VIELHABER
5417-G GINGER CONE DR
TAMPA, FL ~~33609~~ 33634

9. Name and Address of New Registered Agent

Name

JONATHAN P. VIELHABER

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

2805 W. PLATT ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

12/15/99

11. This corporation owes 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]

JONATHAN P. VIELHABER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/99
Date

813-690-5112
Daytime Phone #

KE