

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000028171

1. Corporation Name

JPR DEVELOPMENT CO.

Principal Place of Business

6700 SOUTH FLORIDA AVENUE  
SUITE 12  
LAKELAND FL 33813

Mailing Address

6700 SOUTH FLORIDA AVENUE X  
SUITE 12 X  
LAKELAND FL 33813 X

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

P O Box 1797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Highland City, FL

Zip

Country

Zip

Country

33846

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1998

5. FEI Number

59-3500797

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
R P	RICHARDSON, J. P.	6700 SOUTH FLORIDA AVENUE, #12	LAKELAND FL 33813
			7000003071597--6 -12/15/99--01076--018 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARDSON, J.P.  
6700 SOUTH FLORIDA AVENUE  
SUITE 12  
LAKELAND FL 33813

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

J. P. Richardson  
REGISTERED AGENT MUST SIGN

Date 11/23/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J P. Richardson, President

11/23/99 863-619-5800

Date

Daytime Phone #