

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000032208

1. Entity Name
ALTERNATIVE TRANSMISSIONS BY JACK DEMPSEY
INC.



Principal Place of Business
13202 14991 WEST COLONIAL DR.
WINTER GARDEN, FL 34787

Mailing Address
13202 W. Colonial 14991 WEST COLONIAL DR.
WINTER GARDEN, FL 34787

2. Principal Place of Business

3. Mailing Address



06232005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3496713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMPSEY, JACK
14991 WEST COLONIAL DR.
WINTER GARDEN, FL 34787

13202 W. Colonial Dr
Winter Garden, FL
34787

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DEMPSEY, JACK
STREET ADDRESS 1005 RICHFIELD AVE.
CITY-ST-ZIP OCOCHEE, FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-05 407-947-5620

Date

Daytime Phone #

FILED
JUN 29 AM
TALLAHASSEE, FLORIDA

FILED
JUN 29 AM
TALLAHASSEE, FLORIDA

ps 282

**Lou Heck, CPA, P.A.
321 South Dillard Street
Winter Garden, FL 34787
(407) 656-5656**

June 23, 2005

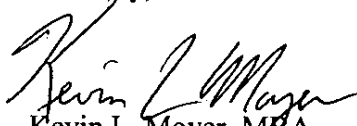
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Per my telephone conversation with your representative yesterday, enclosed you will find a 2005 for Profit Corporation Reinstatement Form for Alternative Transmissions By Jack Dempsey, Inc. (59-3496713), along with Check # 2122 in the amount of \$300.00. The original Uniform Business Report notice was never received by my client, so we are forwarding this form and letter of explanation as directed.

Thank you for your consideration and assistance in this matter.

Sincerely,


Kevin L. Moyer, MBA
Senior Accountant