

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000033219**

1. Corporation Name

J & B Intercoastal, Inc.

Principal Place of Business

**304 Rachelle Avenue
Apt. 338
Sanford, FL 32771**

Mailing Address

**304 Rachelle Avenue
Apt. 338
Sanford, FL 32771**

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

2. New Principal Office Address, If Applicable

605 Lagoon Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

605 Lagoon Drive

Suite, Apt. #, etc.

City & State

Oviedo, Florida

Zip

32765

Country

USA

City & State

Oviedo, Florida

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/98

5. FEI Number

59-3505037

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	Robert L. Ahl, III	605 Lagoon Drive	Oviedo, FL 32765
DVS	James Proctor	605 Lagoon Drive	Oviedo, FL 32765
			300003073333--8
			-12/17/99--01003--015
			****758.75 ****758.75
			REINSTATEMENT 99
			TS

8. Name and Address of Current Registered Agent

**Ahl, Robert L., III
304 Rachelle Avenue
Apt. 338
Sanford, FL 32771**

9. Name and Address of New Registered Agent

Name
Robert L. Ahl, III
Street Address (P.O. Box Number is Not Acceptable)
605 Lagoon Drive
Suite, Apt. #, Etc.
City
Oviedo State
FL Zip Code
32765

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

Robert L. Ahl, III

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Ahl, III, President

Date

(407) 977-7539

Daytime Phone #

CR20040 (1/98)