

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000036064**

1. Corporation Name

JASON MARINE ENTERPRISES, INC.

Principal Place of Business

4311 NW 64TH AVE
CORAL SPRINGS FL 33067

Mailing Address

4311 NW 64TH AVE
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

5. FEI Number

59-2522032

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 3	City / State / Zip 4
P	GAGNON, BRIAN	4311 NW 64 AVE	CORAL SPRINGS FL 33067

800024377498
11/03/03--01048--002 **150.00

8. Name and Address of Current Registered Agent

GAGNON, BRIAN
4311 NW 64TH AVE
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/03

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

Date

Daytime Phone #

10/30/03 (954) 346-5340

FILED

03 NOV -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

JASON MARINE ENTERPRISES, INC.
Manufacturer of the SEEKER™ All-Terrain Wheelchairs
4311 N. W. 64th Avenue
Coral Springs, Florida 33067
Tel. No. 954-346-5240
FAX No. 305-558-9369
E-mail: SEEKER1097@aol.com

October 29, 2003

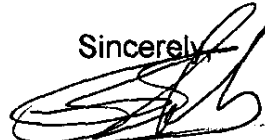
Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report/Uniform Business Report

Gentlemen:

Enclosed is the completed application for reinstatement, along with the appropriate UBR filing fee. Because we did not receive prior notices that the report was due, I am requesting that the reinstatement fee be waived. If you need anything further, please contact me at the telephone number below.

Sincerely,



Brian Gagnon
President

Enclosures