

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 4:25

DOCUMENT # P98000044009

1. Corporation Name

J & H DEVELOPMENT, INC.

Principal Place of Business

1525 Pelican Point Dr.
Sarasota, FL 34231

Mailing Address

1525 Pelican Point Dr.
Sarasota, FL 34231

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

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0942651

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P D	Jack Imperatore, Sr.	1525 Pelican Point Drive	Sarasota, FL 34231

200003164392-5
-03/09/00--01097--016
*****900.00 *****900.00

JH 3/6

8. Name and Address of Current Registered Agent

Robert W. Browning, Jr.
1800 Second St., Suite 888
Sarasota, Florida 34236

9. Name and Address of New Registered Agent

Name

Robert J. Carr

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

c/o Kirk Pinkerton, 720 So. Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

Date 3/1/00

REGISTERED AGENT MUST SIGN

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:

 3/1/00 Jack Imperatore, Sr., President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 951-6660

Daytime Phone #