

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:13

DOCUMENT # P98000045345

1. Corporation Name

JAX HAULING, INC.

Principal Place of Business

Mailing Address

3001 SOUTHEAST 10TH AVENUE
CAPE CORAL FL 33904

3001 SOUTHEAST 10TH AVENUE
CAPE CORAL FL 33904



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1998

5. FEI Number

65-0836602

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
PSTD	LESOINE, JOHN R	3001 SOUTHEAST 10TH AVENUE	CAPE CORAL FL 33904

300004659643--0
-10/30/01--01077--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name JOHN R. LESOINE
Street Address (P.O. Box Number is Not Acceptable) 3001 SE 10TH AVE
Suite, Apt. #, Etc.
City CAPE CORAL State FL Zip Code 33904

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/2001

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 #

10/15/2001

CR2E040 (8/01)

Florida Department of State
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee FL 32314-6327

October 15, 2001

RE: Jax Hauling Inc
3001 SE 10th Ave
Cape Coral FL 33904

FEI 65-0836602

Dear Sirs:

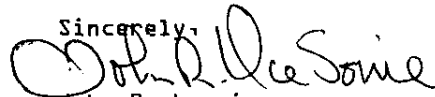
Enclosed please find check number 1524 for \$150.00 for the annual corporations fee.

I did not receive any of the previous notices informing me that this fee was due.

Please restore the corporation to active status and note the change in the registered agent.

Thank you for your understanding in this matter.
If you need any further information, please call me at 941-458-5270.

Sincerely,


John R. Lesoine
President