

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047544

1. Corporation Name
JB Palms, Inc.

2. Principal Office Address
144 S.E. 8th Street

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33990

Country
USA

3. Mailing Office Address
144 S.E. 8th Street

Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33990

Country
USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida 05/26/1998

5. FEI Number
650841965

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jose L. Barajas

Street Address (P.O. Box Number is Not Acceptable)
144 S. E. 8th Street

Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
33990

608034175106
04/27/04--01085--012 **1218.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-23-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jose L. Barajas	144 S.E. 8th Street	Cape Coral, FL 33990

10. 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 #

4-23-04 239-458-0351

CR2ED01 (01/04)