

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 13 PM 2:41

DOCUMENT # P98000051020

1. Corporation Name

JED TECHNOLOGIES OF FLORIDA, INC.

Principal Place of Business

1415 E. DUBLIN-GRANDVILLE RD.,STE.104  
COLUMBUS OH 43229

Mailing Address

1415 E. DUBLIN-GRANDVILLE RD.,STE.104  
COLUMBUS OH 43229



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

1415 E. Dublin-Grandville Rd

Suite, Apt. #, etc.

Suite 219

City & State

Columbus Ohio

Zip

43229

Country

USA

3. New Mailing Office Address, If Applicable

1415 E. Dublin-Grandville Rd

Suite, Apt. #, etc.

Suite 219

City & State

Columbus, Ohio

Zip

43229

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/1998

5. FEI Number

59-3625307

APPLIED FOR

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
D	DENISON, EDWARD B	1415 E. DUBLIN-GRANDVILLE RD.,STE. 219	COLUMBUS OH 43229
D	CORE, RICHARD A	1415 E. DUBLIN-GRANDVILLE RD.,STE 219	COLUMBUS OH 43229

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\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

THOREEN, W. RICHARD ESQ.  
116 E. ALTAMONTE DR.,#210  
ALTAMONTE SPRINGS FL 32701

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.

Signature of  
Registered Agent

W. Richard Thoreen

REGISTERED AGENT MUST SIGN

Date

11/1/00

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:

W. Richard Thoreen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

214-785-4286