

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

02 APR -4 PM 4:00

DOCUMENT # P98000072088

1. Corporation Name

J & D PATIO, INC.

Principal Place of Business

8300 US HIGHWAY 19 NORTH
PORT RICHEY FL 34668

Mailing Address

8300 US HIGHWAY 19 NORTH
PORT RICHEY FL 34668



REINSTATEMENT

01-02

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

08/18/1998

5. FEI Number

59-3528390

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
PTD	MARTINES, JOSEPH A.	8300 US HIGHWAY 19 NORTH	PORT RICHEY FL 34668
SVD	JOHNSON, JAMIE F.	8300 US HIGHWAY 19 NORTH	PORT RICHEY FL 34668
	PVSTD JOHNSON JAMIE F.	8300 US 19 HWY North	Port Richey FL 34668
			700005326797--0 -04/23/02--01061--031 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

~~WILLIAMS, WILLIAM CPA~~
~~6519 CENTRAL AVE~~
~~ST. PETERSBURG FL 33710~~

9. Name and Address of New Registered Agent

Name

JAMIE F. JOHNSON

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

8300 US 19 N HWY 19

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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]
REGISTERED AGENT MUST SIGN

Date 1-27-02

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

1-7-02 727 848-0004

Daytime Phone #

CR2E040 (8/01)