

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000073815**

1. Corporation Name

ASHER JACOB MARKETING, INC.

2. Principal Office Address

500 SWEETWATER BLVD. N.

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

Zip

32779

Country

USA

3. Mailing Office Address

500 SWEETWATER BLVD. N.

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

Zip

32779

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-24-98

5. FEI Number

59-3531331

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

LEE A. TINSMON

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

500 SWEETWATER BLVD. N.

Suite, Apt. #, Etc.

City

LONGWOOD

State
FL

Zip Code

32779

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

[Signature]

Date **11-28-00**

REGISTERED AGENT MUST SIGN

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
PRES.	HELEN TINSMON	500 SWEETWATER BLVD. N.	LONGWOOD, FL 32779
V.P.	LEE TINSMON	500 SWEETWATER BLVD. N.	LONGWOOD, FL 32779

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

11-28-00

Date

407-862-7600

Daytime Phone #

CR2E081 (9/99)

2052

11-28-00

Division of Corporations
PO Box 6327
Tallahassee, Fl 32314
Corporation Reinstatement

To whom it may concern:

Please find enclosed our check for \$300, covering the annual report fees for 1999 and 2000. I have no explanation as to why these fees have not previously been paid. I thought perhaps forms were sent to previous registered agent in Ft Lauderdale. In any event, we certainly would not have ignored our obligation had we been aware of it. This past year, due to an auto accident, it was necessary to have mail forwarded to upstate New York for several months. Perhaps I missed something during that period.

This corporation was formed for my wife to operate a small antique and collectable business in an antique mall. Gross sales in 1999 were \$17, 377, with no taxable income. Obviously, the reinstatement penalties, if imposed, are greater than the corporate income.

I am asking that you consider waving the penalty fees with the assurance that any future fees will be paid on time. Thank you in advance for your consideration.

Sincerely,



Lee A. Tinsmon