

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
~~REINSTATEMENT~~
FLORIDA DEPARTMENT OF STATE
Kathleen Hines
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000076702

1. Corporation Name

JUPITER TRANSMISSION SPECIALTIES, INC.

Principal Place of Business

Mailing Address

221A JUPITER STREET
JUPITER FL 33458

221A JUPITER STREET
JUPITER FL 33458

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

09/04/1998

5. FEI Number

65-0862228

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
PD	KOHNKE, PAUL	221A JUPITER STREET	JUPITER FL 33458
ST	KOHNKE, COLETTE	221A JUPITER STREET	JUPITER FL 33458

500003500335--4
-12/13/00--01100--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

REGISTERED AGENT MUST SIGN

Date

12/1/2000

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:

Paul B. Kohnke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/2000

Daytime Phone #

KE

CR2E040 (8/00)

P98-76702 20f2
December 1, 2000

Division of Corporations/Corporate Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

As per our telephone conversation on December 1, 2000 included please find a check in the amount of \$150.00 for the annual fee for Jupiter Transmission Specialties, Inc. document # P98000076702. Due to a serious illness and a change over in accountants the annual report was not filed on time and in checking our records we found that we never received the original report to be filed, therefore I would greatly appreciate if the late fees were waived.

Sincerely,

Paul Kohnke

Paul Kohnke

Jupiter Transmission Specialties, Inc.