PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION FOR REINSTATEMENT

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

P98000082526

FILED
Dec 07 1999 8:00 am
Secretary of State

DOCUMENT # P98000082526

1. Corporation Name

J. & J. SECURITY SERVICES CORP.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2016 WOODLAND ST. NEW SMYRNA BEACH FL	2922 HOWLAND BLVD. STE. 3 DELTONA FL 32725

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
2922 Howland Blvd Ste 3	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deltona FL	City & State
Zip: 32725 Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/23/1998

5. FEI Number: 59-2731874 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Robert F Jarvis	2016 Woodland St	New Smyrna Beach FL
V.P.	Phyllis Jarvis	2016 Woodland St	New Smyrna Beach FL

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JARVIS, PHYLLIS A 2922 HOWLAND BLVD. STE. 3 DELTONA FL 32725	Name: Robert F. Jarvis Street Address (P.O. Box Number is Not Acceptable): 2016 Woodland St Suite, Apt. #, Etc.: N City: New Smyrna Beach State: FL Zip Code: 32168

CR2E040 (8/99)

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: x Robert F. Jarvis Date: 1

REGISTERED AGENT MUST SIGN

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: x Robert F. Jarvis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 789-5555
Daytime Phone #

0008571 AF