

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 NOV -8 AM 10: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000084678**

1. Corporation Name

**J. FRANCIS MARKETING, INC.**

Principal Place of Business

Mailing Address

4302 39TH ST W. APT 10  
BRADENTON FL 34205

4302 39TH ST W. APT 10  
APT. 10  
BRADENTON FL 34205

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0866407

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BEEMAN, RANDOLPH S	2215 CORK OAK ST	SARASOTA FL 34232
D	CHISM, DAVID M	<del>1804 FORT HAMMER RD</del> 811 Tropical Drive	<del>PARRISH FL 34219</del> Bradenton, FL 34208
D	KICHAR, MARK S	4302 39TH ST W, APT 10	BRADENTON FL 34205

000003496520--2  
-12/12/00--01025--016  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIMES, CALEB J  
1023 MANATEE AVE W  
BRADENTON FL 34205

Name

John D. Hawkins, Esquire

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

1023 Manatee Ave. W.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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 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: *David M. Chism* David M. Chism, Director 11-1-00 9417536756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E040 (9/00)