

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000100346

1. Corporation Name

JBV, INC.

Principal Place of Business

Mailing Address

5427 4TH ST. NORTH
ST PETERSBURG FL 33703

5427 4TH ST. NORTH
ST PETERSBURG FL 33703

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

12/02/1998

5. FEI Number

59-3546675

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	VERSPELT, JAY	2006 HAWAII AVE NE	ST PETERSBURG FL 33703
VPS	VERSPELT, BEVERLY	2006 HAWAII AVE NE	ST PETERSBURG FL 33703
PT	VERSFELT, JAY	3127 BAYSHORE BLVD N.E.	
VPS		3127 BAYSHORE BLVD N.E.	
			900004704389--9 -12/04/01--01060--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VERSPELT, JAY S JR.
845 RADDINGTON TERRACE
LAKE MARY FL 32748

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ST. PETERSBURG

FL

33703

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAY S. VERSPELT

11/12/01 (727) 522-2429

FILED
01 NOV 16 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01