

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000101049

1. Entity Name
JACK JOHN INVESTMENTS, INC.



FILED

07 OCT -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1509 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

Mailing Address
1509 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

2. Principal Place of Business - No P.O. Box #

1509 S. Florida Ave

3. Mailing Address

1509 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



09262007

REIN-P

CR2E038 (1/07)

City & State
Lakeland, Florida

City & State
Lakeland, Florida

4. FEI Number
59-3548446

Applied For

Not Applicable

Zip
33803

Country
USA

Zip
33803

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

MESSINA, JACK J MD
1509 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/2/2007

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
MESSINA, JACK J MD
1509 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
LETENDRE, ROBYN
1509 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300110467673
10/08/07--01010--018 **908.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/07

Date

863-682-1111
863-712-4066

Daytime Phone #

B. Michael OCT 9 2007

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.