

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 AUG 18 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102148

1. Corporation Name

Jim & Kevin Company

2. Principal Office Address

2740 Autumn Green Drive

Suite, Apt. #, etc.

n/a

City & State

Orlando, FL

Zip

32822

Country

USA

3. Mailing Office Address

2740 Autumn Green Drive

Suite, Apt. #, etc.

n/a

City & State

Orlando, FL

Zip

32822

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/98

5. FEI Number

59-3544515

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

James N. Pridemore

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

2740 Autumn Green Drive

Suite, Apt. #, Etc.

n/a

City

Orlando

State

FL

Zip Code

32822

800003378008-3

-08/30/00--01071--013

\*\*\*\*\*900.00 \*\*\*\*\*900.00

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]* PRES.  
REGISTERED AGENT MUST SIGN

Date 7/30/00

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	James N. Pridemore	2740 Autumn Green Drive	Orlando, FL 32822
D	Kevin D. Newell	106 South Semoran Blvd.	Orlando, FL 32807

REINSTATEMENT 99-00 TS

9. 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]* PRES. JAMES N. PRIDEMORE 7-14-00 407-380-5091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #