

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PALE 10/2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000102718

1. Corporation Name

J. F. LIMITED, INC.

Principal Place of Business

Mailing Address

3740 ALMERIA AVE., #E-4
SARASOTA FL 34239

3740 ALMERIA AVE., #E-4
SARASOTA FL 34239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1999

5. FEI Number

65-0886320

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FELLABAUM, JOHN A	3740 ALMERIA AVE., #E-4	SARASOTA FL 34239
D	FERREL, ROBERT J	806 DAKOTA STREET	TEMPLE TX 76504

300004652713--8
-10/25/01--01030--021
****150.00 ****150.00

01 UBR

8. Name and Address of Current Registered Agent

FELLABAUM, JOHN A
3740 ALMERIA AVE., #E-4
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

John Allen Fellabaum
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

John Allen Fellabaum / John Allen Fellabaum 10-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1800 640
1820

CR2E040 (8/01)

ALCOM MORTGAGE

A LICENSED MORTGAGE BROKER BUSINESS

WWW.ALCOMMORTGAGE.COM

10-12-01

RE: Reinstatement Name J. F. Limited, INC

Dear Sir &/or Madam

I just spoke with someone on the phone concerning my reinstatement.

I promise I did not receive a notice of my need to reinstate. The lady I spoke with instructed me to write this letter and quickly send in

\$150 to reinstate my corporation.

I did switch my mailing address to my downtown office, so this should never happen again.

If there is any thing else I need to do for reinstatement, please contact me

Sincerely,

John Allen Fellebaum

Alcom Mortgage

J. F. Limited

Phone#(941) 951-0410
Fax # (941) 951-6430