

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102718

1. Corporation Name

J. F. LIMITED, INC.

Principal Place of Business

1460 MAIN STREET BOX 9
SARASOTA FL 34236

Mailing Address

1460 MAIN STREET BOX 9
SARASOTA FL 34236

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



100023770741
10/14/03--01003--023 **150.00

FILED

03 OCT 14 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
PD	FELLABAUM, JOHN A	1460 MAIN STREET BOX 9	SARASOTA FL 34236

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8. Name and Address of Current Registered Agent

FELLABAUM, JOHN A
3314 JAFFA DRIVE
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name Fellabaum, John A.
Street Address (P.O. Box Number is Not Acceptable)
1460 Main Street, #9
Suite, Apt. #, Etc. , #9
City Sarasota, State FL Zip Code 34236

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. or 617.0505, F.S.

Signature of
Registered Agent

John Allen Fellabaum
REGISTERED AGENT MUST SIGN

Date 10/2/03

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 10/2/03 951-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

ALCOM
MORTGAGE

10/2/03 Daycat

AHN: Florida Department of State

RE: Annual Report Form

Dear Sir or Madam

Please send my annual Report Form to my office address downtown on Main Street in Sarasota instead of my home office on Joffe. all correspondence is lost at Joffe and I did not receive my Annual Report Form. I am enclosing my \$150.⁰⁰ and requesting my Annual Reports be mailed to my office in the future. Thank you for your help and assistance with this matter. I did not receive the Annual Report.

Sincerely

John Allen Fellbaum