

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 PM 1:59

DOCUMENT # P980000103369

1 Corporation Name

J.G.S. DIRECT Inc

Principal Place of Business

Mailing Address

2627 Sprink Park Dr
Jacksonville, FL 32207

102 N.E 2nd St.
188
BOCA RATON, FL 33432

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

DEC 1999

5 FEI Number

59-354-6470.

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED

\$8.75 Addtional 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Peter Maniaci	2627 Sprink Park Dr	Jacksonville, FL 32207
			0000003039990--1
			11/09/99 01074 015
			***158.75 ***158.75

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

Peter Maniaci
5151 Sunbeam Rd #12
Jacksonville FL 32257

Name Peter Maniaci
Street Address (P.O. Box Number is Not Acceptable)
102 N.E 2nd St. #188
Suite, Apt. #, Etc. #188
City BOCA RATON State FL Zip Code 33432

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

Peter Maniaci
REGISTERED AGENT MUST SIGN

Date 11/1/99

11 This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12 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:

Peter Maniaci Peter Maniaci 11/1/99 561-367-9858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)