

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000104897

1. Corporation Name

JEP MKT., INC.

Principal Place of Business

15550 BURNTSTORE RD., LOT 204
PUNTA GORDA FL 33955

Mailing Address

15550 BURNTSTORE RD., LOT 204
PUNTA GORDA FL 33955

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

12/17/1998

5. FEI Number

65-0895144

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	POWERS, JAMES E	15550 BURNTSTORE RD., LOT 204	PUNTA GORDA FL 33955
D	POWERS, IRENE E	15550 BURNTSTORE RD., LOT 204	PUNTA GORDA FL 33955
D	GOEBEL, HELLEN	15550 BURNTSTORE RD., LOT 204	PUNTA GORDA FL 33955

500003046475--9
-11/17/99--01002--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWERS, JAMES E
15550 BURNTSTORE RD., LOT 204
PUNTA GORDA FL 33955

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

James E. Powers
REGISTERED AGENT MUST SIGN

Date 10-16-99

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:

Irene E. Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/99 6398422

Daytime Phone #

FILED

99 NOV -8 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

992

CR22040 (8/99)