

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
H. Mark Harris
Secretary of State
DIVISION OF CORPORATIONS

10/2

FILED

00 OCT 31 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105704

1. Corporation Name

JBGC-PRO SHOP, INC.

Principal Place of Business

605 S. PENMAN RD.
JACKSONVILLE BEACH FL 32250

Mailing Address

605 S. PENMAN RD.
JACKSONVILLE BEACH FL 32250

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

12/21/1998

5. FEI Number

59-3547900

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
DPTS	FARLEY, HARRY L JR	3480 INDIAN CREEK BLVD.	JACKSONVILLE FL 32259
			LS

8. Name and Address of Current Registered Agent

FARLEY, HARRY L JR
3480 INDIAN CREEK BLVD.
JACKSONVILLE FL 32259-2105

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/00

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #

CR2E040 (800)



**TRIPLE
CHECK**

✓ *Income Tax Service*
✓ *Financial & Insurance Services*
✓ *Accounting & Bookkeeping Services*

2012
320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 23, 2000

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P98000105704 – JBGC-Pro Shop, Inc.

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting that you accept his Application For Reinstatement and his payment of \$150.00, for the year 2000.

Mr. Farley, President of the above Corporation, did not receive his report for the 2000 registration period. He has only received the enclosed Application notice. Mr. Farley has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely. He has not changed addresses and does not understand why he did not receive any information before this time.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Check #1225
Application For Reinstatement