

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900000 3271

1. Corporation Name

JUNIOR DEXTER, INC.

2. Principal Office Address - No P.O. Box #

279 RIPPLING LANE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

USA

3. Mailing Office Address

279 RIPPLING LANE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

USA

800128568968
05/06/08--01009--023 **1500.00
REINSTATEMENT
03/08

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 12, 1999

5. FEI Number

593550417

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK WILEY

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

8610 FORREST RUN LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/30/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S.T	BRIAN N. CREWS	279 RIPPLING LANE	WINTER PARK, FL 32789

10. 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 contained in Chapter 119, 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:

Brian Crews President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08
Date

386-405-2299
Daytime Phone #