

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

01 MAR 22 PM 4:23

DOCUMENT # P99000027257

1. Corporation Name

J.V. NELSON INC.

Principal Place of Business

Mailing Address

1940 NE 2 AVENUE  
POMPANO BEACH FL 33060

250 W Sample Rd # A221  
POMPANO BEACH FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

250 W SAMPLE Rd

Suite, Apt. #, etc.

A221

City & State

POMPANO BEACH

Zip

FL

Country

BROWARD

3. New Mailing Office Address, If Applicable

250 W Sample Rd

Suite, Apt. #, etc.

A221

City & State

POMPANO BEACH FL

Zip

33064

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1999

5. FEI Number

65-0916720

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	NELSON, JEAN VICTOR	1940 NE 2 AVENUE 250 W Sample Rd # A221	POMPANO BEACH FL 33064

700003911897-4  
-03/27/01--01045--013  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent

NELSON, JEAN VICTOR  
1940 NE 2 AVENUE  
POMPANO BEACH FL 33060

250 W Sample Rd # A221  
POMPANO BEACH  
FL 33064

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 REQUIRED

Date 12-15-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED  
JEAN VICTOR NELSON

Date

12-15-00 954 7837545

Daytime Phone #

CR20040 (8/00)