

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL 22 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000031789**

1. Corporation Name  
ONE JP, INC.

*W05-31312*

2. Principal Office Address  
301 Schubert Drive

Suite, Apt. #, etc.

City & State  
Pensacola, FL

Zip  
32504

Country  
US

3. Mailing Office Address  
301 Schubert Drive

Suite, Apt. #, etc.

City & State  
Pensacola, FL

Zip  
32504

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida April 7, 1999

5. FEI Number  
59-3582358

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  
Jerome K. Pate

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

Suite, Apt. #, Etc.

City  
Pensacola

State Zip Code  
FL 32504

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

*Jerome K. Pate*

REGISTERED AGENT MUST SIGN

Date

*June 26, 05*

**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
D	Jerome K. Pate	301 Schubert Drive	Pensacola, FL 32504

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 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:

*Jerome K. Pate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*June 26, 05*

(850) 479-4653

Daytime Phone #

CR2E081 (01/05)