

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 PM 3:31

DOCUMENT # P99000052441

1. Corporation Name

J & E Services, Inc.

2. Principal Office Address

8828 SE Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

901 SW Martin Downs Blvd.

Suite, Apt. #, etc.

City & State

Stuart, FL 34994

Zip

34994

Country

USA

City & State

Palm City, FL

Zip

34990

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-7-99

5. FEI Number

65-0932419

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

Chuck Clark

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

901 SW Martin Downs Blvd

Suite, Apt. #, Etc.

City

Palm City

900004614509--1

09/27/01 01098-001

\*\*\*300.00 \*\*\*300.00

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

*[Signature]*

Date 9-24-01

REGISTERED AGENT MUST SIGN

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	Eric Olson	4187 SE Quinlan	Stuart, FL 34994
VP	John Stiburek	1395 SW 34th St.	Palm City, FL 34990
Sec	Chuck Clark	901 SW Martin Downs Blvd	Palm City, FL 34990
	201.25-AR		
	10.00-ARRET		
	88.75-AR SUPP		

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:

*[Signature]* Chuck Clark, Sec

9-24-01

(813) 283-7364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)

# Clark & Associates

901 Martin Downs Blvd., Suite 300  
Palm City, FL 34990

September 24, 2001

Florida Department of State  
Division of Corporations  
Re-instatement Department  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: J & E Services, Inc.  
Document #: P99000052441

Dear Sir or Madam:

Enclosed you will find a copy of our Corporate Re-Instatement Form as well as a check in the amount of \$300.00 for full payment of all outstanding annual fees. Please correct the mailing address so that this will not happen again. Thank you for your time in this matter.

Sincerely,



Chuck Clark