

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # P99000053711

1. Corporation Name

JAKCO, INC.

Principal Place of Business

23 POINCIANA WAY
PONTE VEDRA BEACH FL 32082

Mailing Address

23 POINCIANA WAY
PONTE VEDRA BEACH FL 32082



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3581837

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	BILLINGSLEY, JACK	23 POINCIANA WAY	PONTE VEDRA FL 32082
			300008579763 10/24/02--01103--018 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

JACK Billingsley

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

23 Poinciana Way

Suite, Apt. #, Etc.

City

Ponte Vedra Beh.

State

Zip Code

FL 32082

CR20040 (802)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

11/6/02

To: Florida State Dept. Att: Sean Toner
From: Jakco Inc. Ref: Letter # 302A00059078

Dear Sirs.

On 10/21/02 I mailed a reinstate fee of \$150.00. I am asking that the state reinstate the Jakco Inc. to active status.

The address you have on file is correct; However Jakco did not receive the forms sent by the State Dept.

Thanking you for your attention to this matter.

Jakco Inc
Jack Billingsley pres.