

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000058798

1. Corporation Name

CIRCLE J ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2326 COVINGTON CREEK CIRCLE WEST  
JACKSONVILLE FL 32224

2326 COVINGTON CREEK CIRCLE WEST  
JACKSONVILLE FL 32224

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1999

5. FEI Number

59-3586532

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JACKMORE, EVELYN	2326 COVINGTON CREEK CIRCLE WEST	JACKSONVILLE FL 32224
STD	JACKMORE, SCOTT B	3277 ABBEY FIELD DR. EAST	JACKSONVILLE FL 32217
VPD	BATTISTIC, ROBERT H	<del>340 S MILLVIEW WAY</del> 110 STERLING HILL DR	<del>MONTE VERDE BEACH FL 32080</del> JACKSONVILLE FL 32225
D	JACKMORE, WILLIAM	2326 COVINGTON CREEK CIR WEST	JACKSONVILLE FL 32224

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKMORE, EVELYN  
2326 COVINGTON CREEK CIR WEST  
JACKSONVILLE FL 32224

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Evelyn Jackmore*  
REGISTERED AGENT MUST SIGN

Date 10/16/03

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

*Robert Battistic*  
Robert Battistic (VP)

Date

Daytime Phone #

OCT 16-03

904 7591272

CR2E040 (7/03)