

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

00 NOV -1 PM 3:10

DOCUMENT # **P99000061165**

1. Corporation Name

JP SOLUTIONS, INC.

Principal Place of Business

Mailing Address

~~5517 COMMERCE DR.
ORLANDO FL 32839~~

~~5517 COMMERCE DR.
ORLANDO FL 32839~~



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

5519 Commerce Dr

5519 Commerce Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 8

Suite 8

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32839 Orange

32839 Orange

Date Incorporated or Qualified
To Do Business in Florida

07/02/1999

5. FEI Number

Applied For

59-3586487

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
D	OVERLY, PATRICK	5517 COMMERCE DR.	ORLANDO FL 32839
D	HINES, JENNIFER D	5517 COMMERCE DR.	ORLANDO FL 32839
P	Hines, Jennifer D	5519 Commerce Dr #8	Orlando FL 32839

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**OVERLY, PATRICK
5517 COMMERCE DR.
ORLANDO FL 32839**

Name

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

Suite, Apt. #, Etc.

City

600003471196-4

-11/20/00--01146--009

******750.00 ****750.00**

State

Zip Code

FL

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
REGISTERED AGENT MUST SIGN

Date **10/28/00**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-00 (407)240-4250
Date Daytime Phone #