

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
RESTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:24

DOCUMENT # P99000065948

1. Corporation Name

JODS, INC.

500004623465--9

-10/04/01--01053--022

****350.00 ****350.00

2. Principal Office Address

1580 Elizabeth St
8385 Minnow Creek Drive

3. Mailing Office Address

1580 Elizabeth St
8385 Minnow Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach
Spring Hill, FL FL

City & State

New Smyrna Beach
Spring Hill, FL FL

Zip 32168

Country

USA

Zip

32168

Country

USA

4. Data Incorporated or Qualified
To Do Business In Florida

7/19/99

5. FEI Number
None

Applied For

XX 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

Joseph Oldham

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

3335 Minnow Creek

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34607

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

Date

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
	David L. Spiesman JR.	8385 Minnow Creek Drive	Spring Hill / Florida / 34607
	Joseph H. Oldham	1580 Elizabeth St	New Smyrna Beach FL 32168

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: Joseph H. Oldham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-01 863-670-0632