

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 DEC 10 AM 10:31

**DOCUMENT # P99000086023**

**1. Corporation Name**

JP KARDS TOO, INC.

**2. Principal Office Address**

15201 N. CLEVELAND AVE

Suite, Apt. #, etc.

#950

City & State

NORTH FORT MYERS, FL

Zip

33903

Country

U.S.

**3. Mailing Office Address**

15201 N. CLEVELAND AVE.

Suite, Apt. #, etc.

#950

City & State

NORTH FORT MYERS, FL

Zip

33903

Country

U.S.

**REINSTATEMENT 0)**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/27/99

**5. FEI Number**

65-0962543

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

JOHN E. PEERY

500004729285-4

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

17 S.E. 12th COURT

12/17/01 01085-002

\*\*\*\*750.00 \*\*\*\*750.00

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

**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

REGISTERED AGENT MUST SIGN

Date

12/07/01

**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, T, S	JOHN E. PEERY	17 S.E. 12th COURT	CAPE CORAL, FL 33990

**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:**

JOHN E. PEERY

Date

12/07/01

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR