111	<u></u>	<u>PLEAS</u>	<u>E READ A</u>	<u>ALL INST</u>	<u>RUCT</u>	<u>IONS</u>	<u>BEFORE C</u>	OMPLETI	NG THIS F	FORM.		
APF	PLICATI	ON		FLORIDA		RTMEN	IT OF STATE rris				•	
FOR REINSTATEMENT			Secretary of State DIVISION OF CORPORATIONS			FILED						
DOCUMENT # P9900098938								00 NOV 29 AM II: 16				
1. Corporation Name JIMARK HOLDINGS, INC.												
								SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business Mailing Address												
430 BUTTONWOOD LN. 430 BUTTO LARGO FL 33770 LARGO FL					NWOOD ŁN. 33770							
If above ac	tdresses are i	ncorrect in a	any way, line thro	uah incorrect in	formation a	and enter c	orrection below.	REIN	STATE	MENT		
						g Office Address, If Applicable			orated or Qualified ess in Florida	11/10/19	199	
Suite, Apt. #, etc. Suite, Apt. #, LAPQ					etc.			5. FEI Number	-	17,1071	Applied For	
City & State			City & State	, 			6.		£0.75 A 413	Not Applicable		
Zip Country				Zip 33774 Country			JS19-	CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names a	nd Street Add			or Director (Flo	rida nonpro		ions must list at lea		<u> </u>			
Title(s) Name of Officers and/or Directors 2				Officer and/or Director				4	City / State / Zip			
D MERCER, JAMES C				430 BUTTONWOOD LN.			LARGO FL 33770					
							- - w					
						1			1000034963818			
									****7	50.00 **** ———	750.00	
	8. Nam	e and Addr	ess of Current F	tegistered Age	nt		·	9. Name and A	ddress of New R	egistered Agent		
			-				Name /// /		TON6	-	(8/00)	
HUNT, NANCY W ESQ 2553^1ST AVE. N.							Street Address (i	P.O. Box Number	is Not Acceptable	RD	CRZE040	
	ETERSBURG	FL 33733	1				Suite, Apt. #, Etc				5	
							City LARG		*	State Zip Co	ode 8774	
10. I, being Signature of Registered	f	registered	agent of the above	re named corporations of the corporation of the cor		familiar wit	h and accept the o	bligations of Secti		-24.00		
this rein: owed by	statement app / the corporati	lication, the	reason for disso en paid and the r	lution has been ames of individ	eliminated uals listed	f, the corpo on this form	rate name satisfies	the requirements an exemption und	of section 607.04	.S. I further certify the control of 617.0401, F.S. (3)(i), F.S. The infor	, that all fees mation indicated	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-00

(727)588 1192 Daytime Phone #

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13