

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -2 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #S15988

1. Corporation Name

JWG LAND, INCORPORATED

800043220488
12/06/04--01062--019 **1508.75

REINSTATEMENT 99-04

2. Principal Office Address

**3065 Shoal Creek
Village Dr.**

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33803

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/90

5. FEI Number

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

James N. Hough

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

3065 Shoal Creek Village Dr.

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code
33803

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 **12/01/04**

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
PD	James N. Hough	3065 Shoal Creek Village Dr.	Lakeland, FL 33803

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:

James N. Hough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/04

Date

(863) 688-7038

Daytime Phone #

CP2E081 (01/04)