

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68243

1. Corporation Name

JOGAR ENTERPRISES, INC.

Principal Place of Business

10909 ATLANTIC BLVD.
JACKSONVILLE FL 32225-2935

Mailing Address

10909 ATLANTIC BLVD.
JACKSONVILLE FL 32225-2935



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1991

5. FEI Number

59-3073792

Applied For

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
PST	DISTEFANO, GARY J.	125 WILLOW POND LA	PONTE VERDA BCH FL
VP	DISTEFANO, GARY J JR	1610 LINKSIDE DR SO	ATLANTIC BEACH FL

500008637255
10/28/02--01124--017 **150.00

8. Name and Address of Current Registered Agent

DISTEFANO, GARY J.
10909 ATLANTIC BLVD.
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/24/02

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]
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/02)



Flooring & Design

JOGAN ENTERPRISES

10/24/02

10909-2 Atlantic Boulevard
Jacksonville, Florida 32225
(904) 642-7181
(904) 642-8403 fax

TO FLA DEPT OF STATE
DIV. OF CORPORATIONS
TALL, FL 32314

DEAR SIRs -


I AM REQUESTING A REVIEW OF MY CASE.
TO MY KNOWLEDGE WE NEVER RECEIVED THE ORIGINAL
FORMS TO FILE THE APPLICATION -

ENCLOSURE IS A CHECK FOR THE ORIGINAL
AMOUNT \$150.00.

I HAVE ALSO CHECKED WITH MY ACCOUNTANT & HE
INFORMED ME HE HAD NOTHING IN MY FILE WITH
REGARD TO THIS MATTER

YOUR REVIEW OF THIS MATTER IS GREATLY

APPRECIATED


PRESIDENT