

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 MAR 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S84893

1. Corporation Name JAX VENTURES, INC.

Principal Place of Business Mailing Address

222 N. OCEANFRONT
JACKSONVILLE BCH, FL
32250

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3088234 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	CLIFFORD P. KOSCHNICK	12623 MISSION HILL JAY FLA 32225	JAY FLA 32225
SEC.	CLIFFORD P. KOSCHNICK	12623 MISSION HILL JAY FLA 32225	JAY FLA 32225
TREAS.	CLIFFORD P. KOSCHNICK	12623 MISSION HILL JAX FLA 32225	JAX FLA 32225

REINSTATEMENT 97-98
A. MANN
3/23/98

8. Name and Address of Current Registered Agent

Cliff Koschnick
222 N. OCEAN FT.
JAX BEACH 32250

9. Name and Address of New Registered Agent

Name Cliff Koschnick

Street Address (P.O. Box Number is Not Acceptable) 222 N. OCEAN FT.

Suite, Apt. #, Etc. JAX BEACH

City JAX BEACH State FL Zip Code 32250

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.

Signature of Registered Agent Cliff Koschnick Date 2/23/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

000002469819-2
-03/26/98-01107-001
****300.00****300.00

12. 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)(l), 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: Cliff Koschnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFFORD KOSCHNICK

Date 2/23/98 Daytime Phone # 909-246-3234