

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S84893**

1. Corporation Name

JAX VENTURES, INC.

Principal Place of Business

**222 N. OCEANFRONT
JACKSONVILLE FL 32250**

Mailing Address

**222 N. OCEANFRONT
JACKSONVILLE 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

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

10/03/1991

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST D	KOSCHNICK, CLIFFORD P	12623 MISSION HILL	JACKSONVILLE FL 32225
S D	EVANS, DEBRA	222 N. OCEANFRONT	JACKSONVILLE BEACH FL 32250

500018671545
05/09/03--01048--003 **300.00

8. Name and Address of Current Registered Agent

**KOSCHNICK, CLIFFORD P
222 N. OCEAN STREET
JACKSONVILLE BEACH FL 32250**

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **5/1/03**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 (904)246-7701

Date

Daytime Phone #

CR2E040 (8/02)

Sussman, Jaffe & Company, P.A.

Certified Public Accountants

Belfort Road South Professional Park

5150 Belfort Road - Building 300 • Jacksonville, Florida 32256

Lawrence L. Jaffe, C.P.A.
Charles R. Sussman, C.P.A.
R. Steven Gaines, C.P.A.

Telephone (904) 296-2630
Fax (904) 296-2717
E-Mail: info@sussmanjaffecpa.com

May 8, 2003

Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Jax Ventures Inc.
Document # S84893

Gentlemen,


On behalf of our client identified above, enclosed please find the "Application For Reinstatement". On behalf of our client, we are also enclosing their check number 1432 in the amount of \$300.00, which represents the filing fees for the years 2002 and 2003. We are requesting that the reinstatement fee in the amount of \$450.00 be waived for reasonable cause as discussed below.

Though our client acknowledges the requirement for filing the annual report and remitting the applicable fee, this task had always been handled by the company's office manager/administrator. It was not until the company received the enclosed notification that it became aware that the administrator did not complete the report and send in the payment for 2002. Additionally, the administrator does not remember receiving the original report from the State of Florida, which would explain why the report was not submitted for 2002.

Our client has always attempted to comply with the filing requirements; therefore, request is made to have the penalty abated since the original report may not have been received. In either instance, we believe that the penalty is punitive since it may be the result of nothing more than a clerical error, and not any intentional part on our client's actions.

Therefore, we request that the enclosed check be accepted as full payment of the filing fees for 2002 and 2003. If you have any questions about the above or if we can be of any further assistance, please do not hesitate to contact us. Thank you in advance for your cooperation and attention to this matter.

Very truly yours,


Charles R. Sussman, C.P.A.

Enclosures:

CRS/gsm