

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87955**

1. Corporation Name

JIM BALL, INC.

Principal Place of Business

922 HIGHWAY 98 EAST
DESTIN FL 32541

Mailing Address

922 HIGHWAY 98 EAST
DESTIN FL 32541



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

830 NWY 98E
Suite, Apt. #, etc. #14

City & State Destin FL

Zip 32541 Country

3. New Mailing Office Address, If Applicable

same
Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1991

5. FEI Number

59-3090383

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
D	BALL, JAMES	1131 BAY COURT	DESTIN FL
S	OUTZEN, TRACY S.	289 STAHLMAN AVENUE	DESTIN FL

300023967913

10/21/03--01052--015 **150.00

8. Name and Address of Current Registered Agent

MATTHEWS, DANA C
607 HIGHWAY EAST
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

Jim Ball

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

830 Nwy 98E

Suite, Apt. #, Etc.

14

City

Destin

State

FL

Zip Code

32541

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

10/16/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

850 837 7440

CR2040 (7/03)

Jim Ball, Inc.



830 822 Hwy. 98 East, Destin, Florida 32541

PHONE (850) 837-7440

FAX (850) 837-4189

x 201

To Ha Dept Stude

Memo

LETTER

Date 10-16-03

Subject S87955

Please send refund check for \$150.⁰⁰
Payment was made on 4/30/03 via
Amx (attached) for annual corp fee
on S87955. Enclosed is check for
payment on same corp per your
verbal instructions this morning.

Thank you

Plz pass to proper
people

Nancy Outen
corp sec

☐ Please reply

☐ No reply necessary

SIGNED