

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20834

1. Corporation Name

JIROCOLE, INC.

2. Principal Office Address

8004 S. Turkey Creek Rd.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

U.S.

3. Mailing Office Address

8004 S. Turkey Creek Rd.

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/92

5. FEI Number

59-3114764

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

William R. Webb

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

8004 S. Turkey Creek Road

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33567

100007078131-8

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***1200.00 ***1200.00

CR2E081 (9/00)

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

William R. Webb

Date *8/5/02*

REGISTERED AGENT MUST SIGN

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
P	William R. Webb	8004 S. Turkey Creek Rd.	Plant City, FL 33567
S/T	Connie J. Webb	8004 S. Turkey Creek Rd.	Plant City, FL 33567

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:

William R. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/02

Daytime Phone #