

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 JAN -5 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32620

1. Corporation Name

JASON OF PINELLAS, INC.

Principal Place of Business

Mailing Address

3110 PHILLIPPE PARKWAY
SAFETY HARBOR FL 34695

3110 PHILLIPPE PARKWAY
SAFETY HARBOR FL 34695

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

REINSTATEMENT 97 (8)

4. Date Incorporated or Qualified To Do Business in Florida

04/29/1992

5. FEI Number

59-3133207

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	RAMOS, EDISON	3110 PHILLIPPE PARKWAY	SAFETY HARBOR FL

000002393260--1
-01/07/98--01104--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

RAMOS, EDISON
3110 PHILLIPPE PARKWAY
SAFETY HARBOR FL 34695

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.

Signature of Registered Agent

Edison Ramos

REGISTERED AGENT MUST SIGN

Date 12-29-97

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

(See other side for information on Intangible tax.)

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)(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: *Edison Ramos* EDISON RAMOS 12-29-97 813-843-8206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)