

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 453001

1. Corporation Name

Jacvlon Holdings, Inc.

W14-46735

2. Principal Office Address - No P.O. Box #

210 Patricia Ave

3. Mailing Office Address

210 Patricia Ave

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1974

5. FEI Number

59-1534032

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

James P. Long

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

400 INNESS DR.

Suite, Apt. #, Etc.

NA

City

Tarpon Spg

State

FL

Zip Code

34689

800262815868

08/19/14--01021--004 **608.75

800262815868

07/30/14--01030--014 **750.00

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

James P. Long
REGISTERED AGENT MUST SIGN

Date

July 26, 14

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
Pres.	James P. Long	400 INNESS DR.	Tarpon Spg, FL 34689
	REINSTATEMENT	AUG 19 2014	
		R. HUNT	

10. E-mail Address: JPLongDPM@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

James P. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 26 2014

Date

727 420 6896

Daytime Phone #