

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherina Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 682161

1. Corporation Name

THE JONES CHARTER COMPANY, INC.

2. Principal Office Address

4901 Monroe Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/80

5. FEI Number

59-2026108

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

Caroline Jones

500004653346--6

-10/25/01--01056--018

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

4901 Monroe Street

***150.00 ***150.00

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33021

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

Caroline Jones

Date

9/21/01

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
D/P	Caroline Jones	4901 Monroe Street	Hollywood, FL 33021

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)(f), 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:

Caroline Jones

Caroline Jones

9/21/01 (305)635-0891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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Louis John Claps, C.P.A., P.A.
Certified Public Accountant
1381 N.W. 127 Drive
Sunrise, Florida 33323

(954) - 846 -1040 Voice
(954) - 846 -1684 Fax
E-mail: hawk326@aol.com

Mail: P.O. Box 451299
Sunrise, FL 33345

September 19, 2001

State of Florida
Division of Corporations
Tallahassee, Florida 32302

re: The Jones Charter Company, Inc.
Doc # 682161
Corporation Reinstatement

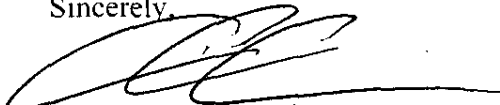
Dear Sir or Madam:

With regard to the above captioned Entity and the attached Corporation Reinstatement, the Company respectfully requests abatement of the \$ 600.00 reinstatement fee based on the following extenuating circumstances.

The Company's sole shareholder, officer and director, Cleveland Jones passed away on October 9, 1999. His wife, Caroline Jones became the Company's sole shareholder, officer and director upon his death. These changes were reflected on the Company's 2000 annual report. Mrs. Jones moved subsequent to the filing of the 2000 Annual Report, did not receive the 2001 renewal forms, and was not knowledgeable so as to be aware that the annual business report was required. This corporation has filed all its prior annual reports since its' inception in 1980 on a timely basis.

Thank you for your consideration of this request. Should you require any additional information, please do not hesitate to contact me.

Sincerely,



Louis John Claps, C.P.A.