

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 18 PM 12:22

**DOCUMENT # 760943**

1. Corporation Name

**JOFINA HOMES, INC.**

Principal Place of Business

Mailing Address

1975 HEINRICH ST.  
PENSACOLA FL 32507

1975 HEINRICH ST.  
PENSACOLA FL 32507



**REINSTATEMENT**

*OK*

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

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ESTARES, ESTELA R.	<del>6848 LAKE JOANNE DRIVE</del> 315 BREMEN AVENUE	PENSACOLA FL 32507
TSD	GAYO, PATRICIA	<del>7105 REDONDO DR.</del> 1975 HEINRICH STREET	PENSACOLA FL <del>32506</del> 32507
SD	GAYO, CHRISANTO JR.	1975 HEINRICH STREET	PENSACOLA FL 32507
			600003514796--0 -12/28/00--01004--004 ***236.25 ***236.25

*11/1/21*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESTARES, ESTELA R.  
6848 LAKE JOANNE DRIVE  
PENSACOLA FL 32506

Name

**GAYO, PATRICIA**

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

**1975 HEINRICH ST.**

Suite, Apt. #, Etc.

City

**PENSACOLA**

State

Zip Code

**FL**

**32507**

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

*Patricia E. Gayo*

Date **11/1/2000**

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-1-2000 (850) 469-7248**

CR2E040 (8/00)