

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818471

1. Corporation Name

JACK FOREST, INC.

Principal Place of Business

Mailing Address

C/O JACK LENOBEL
BOX 608
ORANGE LAKE FL 32681

C/O JACK LENOBEL
BOX 608
ORANGE LAKE FL 32681

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT



800025172688
12/03/03--01008--004 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1965

5. FEI Number

11-0995608

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	4 City / State / Zip
PD	LENOBEL, JACK	MILLWOOD RD & RT 441	ORANGE LAKE FL
PD	JANET L. Verville	2900 NW 165 ST	CITRA FL 32113

8. Name and Address of Current Registered Agent

LENOBEL, JACK
RT 441 & MILLWOOD RD
BOX 608
ORANGE LAKE FL 32681

9. Name and Address of New Registered Agent

Name

JANET L. Verville

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

2900 NW 165 ST

Suite, Apt. #, Etc.

City

CITRA

State

FL

Zip Code

32113

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. or 617.0505, F.S.

Signature of
Registered Agent

Janet L. Verville
REGISTERED AGENT MUST SIGN

Date

12/11/03

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:

Janet L. Verville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-351-8008

11/11/03

Date

Daytime Phone #

352 591-4876

(CR2E040 (7/03))