

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 03 DEC -3 PM 3:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **818471**

1. Corporation Name

JACK FOREST, INC.

REINSTATEMENT 03



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

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/02/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-0995608

Applied For

City & State
CITRA FL

City & State

Not Applicable

Zip **32113**

Country **USA**

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)

| 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

9. Name and Address of New Registered Agent

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

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

[Signature]
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-351-8008

11/11/03

Date **11/11/03** Daytime Phone # **352 591-4876**

(CR2E040 (7/03)