PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 27 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000137324170
10/27/08--01049--013 **300.00

REINSTATEMENT 07-08

CR2E081 (12/07)

DOCUMENT # F01850

1. Corporation Name
JEAN ROSE CORPORATION

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1120 SAN MICHELE WAY		1120 SAN MICHELE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PALM BEACH GARDENS, FL		PALM BEACH GARDENS, FL	
Zip	Country	Zip	Country
33418		33418	

4. Date Incorporated or Qualified To Do Business in Florida 10/16/1980

5. FEI Number 59-2033639 ☐ 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
ROBERT T CREASEY

Street Address (P.O. Box Number is Not Acceptable)
1120 SAN MICHELE WAY

Suite, Apt. #, Etc.

City	State	Zip Code
PALM BEACH GARDENS	FL	33418

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Robert J. Creasey Date 10/21/08
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
PD	JEAN ROSE CREASEY	1120 SAN MICHELE WAY	PALM BCH GARDENS, FL 33418
SD	ROBERT T CREASEY	1120 SAN MICHELE WAY	PALM BCH GARDENS, FL 33418
	10/28		

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 contained in Chapter 119, 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: Jean Rose Creasey JEAN ROSE CREASEY PRESIDENT 10/21/08 561-624-4312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #