

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

.04 JAN 13 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000316

1. Corporation Name

JONES AND HALL VENTURES, INC.

2. Principal Office Address

4119 BROWNS BRIDGE RD

Suite, Apt. #, etc.

City & State

GAINESVILLE, GA.

Zip

30504

Country

USA

3. Mailing Office Address

4119 BROWNS BRIDGE RD

Suite, Apt. #, etc.

City & State

GAINESVILLE, GA.

Zip

30504

Country

USA

300026892373  
01/13/04--01095--031 \*\*\*908.75

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/02

5. FEI Number

58-2185789

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 L. PETERS, P.A.

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

28 SOUTH 10TH ST.

Suite, Apt. #, Etc.

City

FERNANDINA BEACH

State

FL

Zip Code

32034

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 Peters*

Date

1/9/04

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
P/D	W. DON HALL	4119 BROWNS BRIDGE RD	GAINESVILLE, GA. 30504
T/V/D	C.A. SANDY JONES	133 CARNEGIE WAY, NW SUITE 1000	ATLANTA, GA. 30303
V/D	TIM HALL	4119 BROWNS BRIDGE RD	GAINESVILLE, GA. 30504
S	KATHY KULL	4119 BROWNS BRIDGE RD	GAINESVILLE, GA. 30504

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)(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:

*W Don Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(170) 536-3330

Daytime Phone #

CR2ED01 (10/02)