

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003763

1. Corporation Name

E.T. JONES ENTERPRISES, INC.

Principal Place of Business

475 LEWISTON RD  
GROVETOWN GA 30813

Mailing Address

475 LEWISTON RD  
GROVETOWN GA 30813

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/1994

5. FEI Number

58-1460791

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
<del>PCD</del>	JONES, E T	475 LEWISTON ROAD	GROVETOWN GA 30813
<del>STD</del>	JONES, LYDIA A	475 LEWISTON ROAD	GROVETOWN GA 30813
TD	Jones, Lydia A	468 Dickson Drive	Evans, GA. 30809
S	COX, PATRICIA A	56 PRIDE AVENUE	GRANITEVILLE SC 29829
<del>VP</del>	<del>MONROE, BARBARA G</del>	<del>478 DICKSON DRIVE</del>	<del>EVANS GA 30809</del>
<del>VP</del>	JONES, EDWARD L	3893 PARADISE ROAD	WRENS GA 30833
P	Jones, Edward L	3893 Paradise Road	wrens, GA 30833

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700008969887  
11/13/02--01055--014 \*\*150.00

FL

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

*Dale W. Morris*

DALE W. MORRIS

REGISTERED AGENT MUST SIGN

Date

11/04/02

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:

*Patricia A. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

706-863-6606

CR2E040 (8/02)



## DIXIE METER COMPANY

November 8, 2002

Divisions of Corporations  
Annual Report and Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

Attn: Florida Department of State  
Jim Smith  
Secretary of State/Division of Corporations

This letter is to state that we have not received prior UBR notice and are asking to reinstate our company to active status. Please find enclosed completed and updated application for reinstatement and payment of \$150.00 for a for-profit corporation-filing fee.

Thank you,

Patricia Cox