

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 24 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004187

1. Corporation Name

JONCONNIE ENTERPRISES, INC.

Principal Place of Business

1090 COMMERCE BLVD N
SARASOTA FL ~~34243~~ 34243
US

Mailing Address

1090 COMMERCE BLVD N
SARASOTA FL 34243
US



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

08/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-2959539

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34243

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	SCHUM, JON Z	4235 WOODVIEW DR 4735 CARRINGTON CIRCLE	SARASOTA FL 34243 34243
V	SCHUM, CONSTANCE L	4235 WOODVIEW DR 4735 CARRINGTON CIRCLE	SARASOTA FL 34243 34243
			400003377934--5 -08/30/00--01063--022 *****908.75 *****908.75
			REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUM, JON

~~4235 WOODVIEW DR~~
~~SARASOTA FL 34243~~

Name

JON SCHUM

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

4735 CARRINGTON CIRCLE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

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.

Signature of
Registered Agent

Jon Schum REQUIRED
REGISTERED AGENT MUST SIGN

Date 8/22/2000

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:

Jon Schum REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/2000

Date

(941) 358-1373

Daytime Phone #

CR2E040 (8/99)