

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVAL  
AND  
FILED

03 OCT 16 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002999

1. Corporation Name

JONES BROS., INC., OF TENNESSEE

Principal Place of Business

5760 OLD LEBANON DIRT ROAD  
MT JULIET TN 37122

Mailing Address

P.O. BOX 727  
MT. JULIET TN 37121

*AR*

REINSTATEMENT 2003

400023906944  
10/17/03--01056--005 \*\*750.00

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

06/21/1995

5. FEI Number

62-0721049

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCCULLOCH, M D	818 MORELAND HILLS DR.	MT JULIET TN 37122
VP	MCCULLOCH, ROBERT S	1030 SMITH RD.	LEBANON TN 37087
S	MCGREEVY, ROBERT E	203 MOORHILL AVE	SMYRNA TN 37167
VP	SULLIVAN, TOM	518 KIPPLING WAY	DURHAM NC 27713
VP	HINSON, KEVIN W	500 BEECH CT.	BURNS TN 37029
COO	MARTIN, ROGER C	6637 STANDING BAY RD	COLUMBUS GA 31904

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
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  
FL

Zip Code

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

*Peter F. Souza*

PETER F. SOUZA  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

*Robert E. McGreevy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. McGreevy

Date

10-14-03 (615) 754-4710

Daytime Phone #

CR2E040 (7/03)