

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

108

APPLICATION FOR REINSTATEMENT

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001179

1. Corporation Name

JACK JOLLY & SON, INC.

Principal Place of Business

Mailing Address

513 PLEASANT VALLEY AVE
PO BOX 487
MOORESTOWN NJ 08057
US

513 PLEASANT VALLEY AVE
PO BOX 487
MOORESTOWN NJ 08057
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

02/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-1905592

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	MCGUGAN, ALEXANDER JR.	54 ERASER ROAD	MOORESTOWN NJ 08057
TS	MCGUGAN, BARBARA W	101A MULBERRY COVE	MOUNT LAUREL NJ 08054

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***150.00 ***150.00
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDRIX, C. KENNON
HENDRIX & BRENNAN
1443 TWENTIETH ST., STE. F
VERO BEACH FL 32961

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202



Jack Jolly & Son, Inc.

513 Pleasant Valley Avenue
P.O. Box 487
Moorestown, NJ 08057
856-234-4448

November 8, 2000

To whom it may concern,

We have just received an application for reinstatement in the mail today for our business in Florida. This is the first time we have received any notice about our corporate filing fee. I spoke with Tyrone on the phone today and he advised me to sign the form and send a check for the normal filing fee of \$150.00.

In order to make sure this does not happen again we have programmed our computer scheduler to notify us next year of the filing date and if we have not received the form will call and request one.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara McGugan". The signature is written in dark ink and is positioned above the printed name.

Barbara McGugan
Treasurer, Secretary