

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001179

1. Corporation Name

JACK JOLLY & SON INCORPORATED

2. Principal Office Address

513 PLEASANT VALLEY AVE
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 487
Suite, Apt. #, etc.

REINSTATEMENT 02-03

City & State

MOORESTOWN N.J.

City & State

MOORESTOWN N.J.

Zip

08057

Country

USA

Zip

08057

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1998

5. FEI Number

22-1905592

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

C. KENNETH HENDRIX

800023963338

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

2801 OCEAN DRIVE

Suite, Apt. #, Etc.

Suite 203

City

VERO BEACH

State

FL

Zip Code

32963

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

REGISTERED AGENT MUST SIGN

Date

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
CHAIRMAN	ALEX MCGUGAN JR	629 EAST MAIN ST.	MOORESTOWN NJ 08057
PRES.	BARBARA W. MCGUGAN	629 EAST MAIN ST.	MOORESTOWN NJ 08057
VP	Alex MCGUGAN III	54 ELASER ROAD	MOORESTOWN NJ 08057

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER MCGUGAN III

9/29/03
Date

856-234-9448
Daytime Phone #



Jack Jolly & Son, Inc.

9-29-03

513 PLEASANT VALLEY AVENUE • MOORESTOWN, N.J. 08057 • 609-234-4448 • FAX 609-235-5031

TO WHOM IT MAY CONCERN,

IN Reference to your letter regarding failure to file the required Uniform Business Report. We could NOT FIND LAST YEARS REQUEST IN OUR FILES AND DO NOT BELIEVE WE RECEIVED the request. However I called your dept. today and EXPLAINED the situation to GRETCHEN. GRETCHEN INDICATED I should send AN note explaining the problem AND ENCLOSE A CHECK for \$300.00 to COVER LAST YEARS AND the current years filing fee along with the appropriate documents.

Thank you for your time and consideration in this matter.

Sincerely,
