


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F99000004134**

1. Corporation Name

JAKECO OF MOUNT DORA, INC.

Principal Place of Business

15735 OAK GLEN WAY
TAVARES FL 32778

Mailing Address

15735 OAK GLEN WAY
TAVARES FL 32778

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

5. FEI Number

59-3596720

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
CP	STEPHENSON, KEITH D	15735 OAK GLEN WAY	TAVARES FL 32778
VS	STEPHENSON, JANIS K	15735 OAK GLEN WAY	TAVARES FL 32778

300004687729--7

-11/19/01--01073--008

***150.00 ***150.00

8. Name and Address of Current Registered Agent

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.

Signature of
Registered Agent

Janis K. Stephenson
REGISTERED AGENT MUST SIGN

Date 10/16/01

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:

Janis K. Stephenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 352-383-6481

CH2040 (8/01)

292

Jakeco Inc. of Mt. Dora, FEI 59-359720
15735 Oak Glen Way
Tavares, Fl. 32778
phone: 352-343-5310 H
Bus: 352-383-6481
Oct. 16, 2001

Florida Dept. of State
Div. of Corporations

To Whom It May Concern:

When we received the notice that our corporation was being dissolved unless we applied for reinstatement, we were certainly overwhelmed.

I had filed the original notice in with my paperwork to take to our accountant (Bob Cohen, Bottom Line Bookkeeping & Tax Service, 111 W. Main Street, Inverness, Fl. 34450, ph. 352-637-1122) to hold our annual meeting with him in late April. However, his elderly father became seriously ill just before that meeting was to be held, and Bob went to stay with his elderly mother to help take care of his father. He ended up staying there in Ohio through the whole summer until his dad died the first part of September.

Filing this annual report was a complete oversight in view of this health situation. Is there any way you would reinstate us for the fee of \$150.00 check enclosed? We would so much appreciate your kind consideration in this matter.

Most Sincerely,

Keith and Jan Stephenson
Keith and Jan Stephenson