

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 26 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

H73497

1. Corporation Name

Jand Management Inc.

2. Principal Office Address

980 Shore Dr.

Suite, Apt. #, etc.

City & State

Destin FL

Zip

Country

32550

Walton

3. Mailing Office Address

980 Shore Dr.

Suite, Apt. #, etc.

City & State

Destin FL

Zip

Country

32550

Walton

4. Date Incorporated or Qualified  
To Do Business in Florida

8/28/85

5. FEI Number

59-2618735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANA C. MATTHEWS

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

607 Hwy 98 E.

Suite, Apt. #, Etc.

City

Destin, FL

State

FL

Zip Code

32541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/20/01

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
Pres	Janet L. Snow	980 Shore Drive	Destin, FL 32550
Sec. Treas	William Frisk	375 Bayside	Destin FL 32550
Dir	Charles Snow	980 Shore Dr.	Destin, FL 32550
		97-014BR TB	

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:

Janet Snow President  
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2001

Date

(850)

837-9355

Daytime Phone #

CR2E081 (9/00)

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JANOF Management, Inc.  
980 Shore Drive  
Destin, FL 32550

April 23, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern;

Due to the implementation of the 911 system in our area and a resulting change in house numbering, I did not receive the form to file for annual reports from 1997 to present. It is my understanding that in 1997 the subject form was returned to your office.

I am now filing for reinstatement and respectfully request a waiver of late filing fees.

Respectfully,

Janet L. Snow  
President