

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J83243**

1. Corporation Name

JAY'S DRESS SHOP, INC.

Principal Place of Business

Mailing Address

3501 S.W. 2ND AVENUE
GAINESVILLE FL 32607

3501 S.W. 2ND AVENUE
GAINESVILLE FL 32607

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

07/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2826836

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
P	RHODENIZER, PAUL J	3501 S.W. 2ND AVENUE	GAINESVILLE FL 32607
T	RHODENIZER, LINDA B	3501 S.W. 2ND AVENUE	GAINESVILLE FL 32607

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11/02/01-01035-015

***750.00 ***750.00

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHODENIZER, PAUL J
3501 S.W. 2ND AVENUE
GAINESVILLE FL 32607

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/16/01

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-377-

9548

CR2E040 (801)