

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUL 24 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19944

1. Corporation Name

Jencro, Inc.

2. Principal Office Address

142 N. Woodland Blvd.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

U. S.

3. Mailing Office Address

142 N. Woodland Blvd.

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

U. S.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1989

5. EEL Number

59-2974337

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

Frank Jennings

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

142 N. Woodland Blvd.

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

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

Frank Jennings

REGISTERED AGENT MUST SIGN

Date 07/05/2006

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
P	Frank Jennings	142 N. Woodland Blvd.	DeLand, FL 32720
VP	William Jennings	142 N. Woodland Blvd.	DeLand, FL 32720

B 10/26/04
04-06
REINSTATEMENT

500078224355
08/01/06--01039--020 **450.00

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 contained in Chapter 119, 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:

Frank Jennings

Frank Jennings, President

07/05/2006

(386) 785-1237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paye Wtz

Jencro, Inc.
142 N. Woodland Blvd.
DeLand, FL 32720

July 5, 2006

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

Re: Reinstatement of Jencro, Inc. Doc. # L19944

Gentlemen:

per conversation today

We did not receive the annual report notices for this corporation. We are requesting a waiver of the \$ 600.00 reinstatement fee and are requesting that this corporation be reinstated. Thank you for your assistance in this matter.

Sincerely,

Frank Jennings
President

