

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine A. Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

FEB -9 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68972

1. Corporation Name

Jelsie Corp.

2. Principal Office Address

4326 NW 23 Ave

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32606

Country

ALACHUA

3. Mailing Office Address

4000 NW 51 St

Suite, Apt. #, etc.

A7

City & State

Gainesville FL

Zip

32606

Country

ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/90

5. FEI Number

593003872

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

JUDITH E. SAULS

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

4000 NW 51 St

Suite, Apt. #, Etc.

A7

City

Gainesville FL

State

FL

Zip Code

32606

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

Judith E. Sauls

REGISTERED AGENT MUST SIGN

Date

2/7/00

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

JUDITH E SAULS

4000 NW 51 St A7

Gainesville FL 32606

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:

Judith E. Sauls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

3523771532

Daytime Phone #

CR2E081 (9/99)