APPLICATION FOR REINSTATEMENT FOR 91-97

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
DO NOT WRITE IN THIS SPACE.

97 APR 25 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # M84106

J R Communities, Inc.
7299 NW 49th Court
Lauderhill, FL 33319

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 5/27/88

4. FEI Number 65-0058303 ☐ FEI Number Applied For ☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

900002158069--2
-04/29/97--01052--014
***1636.25 ***1636.25

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
D/P/S/T	Don F. Bailey	7299 NW 49th Court	Lauderhill, FL 33319
			900002158069--2 -04/29/97--01052--013 ******8.75 ******8.75
			REINSTATEMENT 91-97
			A. Alan 4/25/97

This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800. ☐ Yes ☒ No

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Don F. Bailey

Street Address (Do NOT Use P.O. Box Number): 7299 NW 49th Court

Street Address (Do NOT Use P.O. Box Number):

City and State: Lauderhill FL. Zip Code: 33319

8. 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: Don F. Bailey Date: 4-23-97

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Don F. Bailey Date: 4-23-97 Phone #: 954-572-5864

Typed or printed name of signing officer or director

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒