

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 MAY 17 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 1003000005829

**1. Corporation Name**

Jewels of Tau Service  
Organization Incorporated

**2. Principal Office Address** 321 S. Wayne

Reitz Union

Suite, Apt. #, etc.

Box 11

City & State

Gainesville, FL

Zip

32601

Country

USA

**3. Mailing Office Address** 321 S. Wayne

Reitz Union

Suite, Apt. #, etc.

Box 11

City & State

Gainesville, FL

Zip

32601

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

04-06 RSC

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07-02-2003

**5. FEI Number**

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

Vivian Seymour

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

701 SW 62nd Blvd

Suite, Apt. #, Etc.

Apt. D-24

City

Gainesville

State  
FL

Zip Code

32607

800075557848  
05/31/06--01022--025 \*\*367.50

**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]*

Date 5-15-06

REGISTERED AGENT MUST SIGN

**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	Vivian Seymour	701 SW 62nd Blvd, Apt. D-24	Gainesville, FL 32607
V	Dawn Joseph	701 SW 62nd Blvd, Apt. D-24	Gainesville, FL 32607
T	Alayna Shelton	701 SW 62nd Blvd, Apt. D-24	Gainesville, FL 32607

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-06

Date

Daytime Phone #

(813) 546-3798