

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004403

FILED
Apr 12, 2007
Secretary of State

Entity Name: JEANS COMFORT CARE, INC.

Current Principal Place of Business:

2710 NE 27TH AVE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2710 NE 27TH AVE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 16-1722051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, GLORIA J
2710 NE 27TH AVE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLORIA JEAN JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: JONES, GLORIA J
Address: 2710 NE 27TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VC () Delete
Name: MCINTYRE, AYANNA K
Address: 2429 NE 4TH TERR.
City-St-Zip: GAINESVILLE, FL 32609

Title: S () Delete
Name: BLAKE, SHERYL C
Address: 2853 NE 59TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: JONES, JOHNNIE
Address: 12030 NE 63RD PL
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: TAYLOR, WILLIS JR
Address: 1811 SE 39TH TERR.
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LYNUM, ALICE
Address: 175 WAYNE J STOKES BLVD
City-St-Zip: STOCKBRIDGE, GA 30281

Title: T (X) Change () Addition
Name: KELLY, MARY
Address: 5322 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA J. JONES

PRES

04/12/2007

Electronic Signature of Signing Officer or Director

Date