

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001448

1. Corporation Name

THE JONES HIGH SCHOOL FOUNDATION, INC

W97-23384

Principal Place of Business

JONES HIGH SCHOOL
CLASS OF 1963
c/o Henry Adams

Mailing Address

2500 Lauderdale Ct.
Orlando, FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

March 31, 1993

5. FEI Number

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Louise E. Dinkins	4023 Shellman Street	Orlando, FL 32811
D	Janice R. Choice	2515 Caribbean Court	Orlando, FL 32805
D	Julius L. Williams	5946 Windhover Drive	Orlando, FL 32819
D	Jonnie H. Harper	3045 Knightsbridge Road	Orlando, FL 32818
D	Robert L. Grigley	5018 Shoshone Street	Orlando, FL 32819

8. Name and Address of Current Registered Agent

Julius L. Williams
5946 Windhover Drive
Orlando, FL 32819

9. Name and Address of New Registered Agent

Name
Henry Adams
Street Address (P.O. Box Number is Not Acceptable)
2500 Lauderdale Court Orlando, FL 32805
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32805

10. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/6/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

[Signature] Louise E. Dinkins - December 6, 1998 (407) 672-6890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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