

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -2 AM 11:13

DOCUMENT # *N93000001448*

1. Corporation Name

The Jones High School Foundation, INC.

2. Principal Office Address - No P.O. Box #

4023 Shellman Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

USA

3. Mailing Office Address

4023 Shellman Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

USA

500132086865
07/02/08--01031--011 **726.25

REINSTATEMENT

00-08

4. Date Incorporated or Qualified
To Do Business in Florida

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

Brenda E. Baisden

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

1823 ROCK LAKE DRIVE

Suite, Apt. #, Etc.

Orlando, FL 32805

City

Orlando

State

FL

Zip Code

32805

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

RL = RL

Date *5/28/08*

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
<i>President</i>	<i>Louise E. Dinkins</i>	<i>4023 Shellman Street</i>	<i>Orlando, FL 32811</i>
<i>Vice President</i>	<i>Joseph Barner</i>	<i>2549 Fox Squirrel Ct</i>	<i>Apopka, FL 32712</i>
<i>2nd Vice President</i>	<i>Janice R. Choico</i>	<i>2575 Caribbean Ct</i>	<i>Orlando, FL 32805</i>
<i>Treasurer</i>	<i>Phyllis Hancock</i>	<i>P.O. Box 568701</i>	<i>Orlando, FL 32812</i>
<i>Lead Business Manager</i>	<i>Jerry Demings</i>	<i>P.O. Box 2433</i>	<i>Windermere, FL 34786</i>
<i>1st Business Manager</i>	<i>Kathel J. Washington</i>	<i>1521 Crooms Ave</i>	<i>Orlando, FL 32805</i>

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:

RL = RL Brenda E. Baisden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2008

Date

Daytime Phone #

407-841-6989

officer unit,

Title	Name of Officers and/or Director	Street address	city/state/zip
Secretary	Brenda E. Baird	1823 Rocklake Dr.	Orlando, FL 32805