

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 19 AM 9:21

DOCUMENT # N93000001971 (U)

1. Corporation Name

JUTE Inc.

2. Principal Office Address

4686 Sussex Terrace P.O. Box 680513

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando
Florida

City & State

Orlando, Florida

Zip

32811

Country

USA

Zip

32868-0513

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/93

5. FEI Number

59-3180461

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

Judy Dopson

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

2299 QSH KOSH COURT

Suite, Apt. #, Etc.

City

Orlando, FL 32818

State

FL

Zip Code

32818

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

Judy Dopson

REGISTERED AGENT MUST SIGN

Date

3/28/01

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
President	Samuel Duncan (D)	4686 Sussex Terrace	Orlando, FL 32811
Executive Director	Tessa Duncan (EXP)	4686 Sussex Terrace	Orlando, FL 32811
Vice President	Kirk Johnson (D)	4686 Sussex Terrace	Orlando, FL 32811

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 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:

Jessa E. Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

407-296-5110x

Daytime Phone #

224

CR2E081 (9/00)

202



Joint
Undertaking for
Transitional
Education

J.U.T.E. Inc. • P.O. Box 680513,
Orlando, Florida 32868-0513
Phone# 407-540-0390
Email : tessaew@aol.com

3/27/01

N93 000001971(1)

Attn: Michelle Milligan
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam,

As per your instructions,

I am including a check for
\$122.50 as the necessary fee
requested to reinstate J.U.T.E. Inc.
According to your records the delinquency
was created because the organizations
mailing address was deleted from
your computer and as a result we
were not notified of the 1999 filing
dead line.

Please also note the charges in
the list of officers. Thanks for your
help.

Tessa Duncan
Executive Director.