PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## N96000004290 DOCUMENT #

1. Corporation Name

A FAMILY AFFAIR BY JESSIE, INC.

Principal Place of Business

Mailing Address

3301 NW 23RD ST 3301 NW 23RD ST LAUDERHILL FL 33311 LAUDERHILL FL 33311 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 08/15/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0695135 City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director MCLEMORE, JOANN 2531 NW 11 ST POMPANO BEACH FL Pompano Bech Fla 2531 N.W. 11 St. MCLEMORE, JOAnn DS THOMPSON, LISA 4043 NW 16TH ST LAUDERHILL FL 33313 DT **CUMMINGS, JENNIFER** 1741 NW 27TH TER FT LAUDERDALE FL 33311 D SUTTON, LINDA 1810 NW 28TH AVE FT LAUDERDALE FL 33311 LAUDERDALE LAKES FL 33311-Lauderdale Lakes, Fla. 3334 SHELTON, MARYE 3301 NW 23 ST 3301 niw 23 Sti SHELTON, Marye MONCRIEF, STEPHANIE 1751 NW 27TH TERR FT LAUDERDALE FL 33311 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SHELTON, MARYE Street Address (P.O. Box Number is Not Acceptable) 3301 NW 23RD ST \*\*\*\*306.25 Suite, Apt. #, Etc. LAUDERHILL FL 33311 \*\*\*\*306.25 State Zip Code 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

FILED

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SECREMARY OF STATE TALLAMASSEE, FLORIDA

11. | 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 🐴 shis 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.

2/24/2000 463-8119

Please Add to Line 7

DIS Carolyn Terry 1621 niw. 18th Ave Fort Lauderdale, 1

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