

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000005540

1. Corporation Name

J & J JONES, INC.

Principal Place of Business

8117 RAMSGATE RD.
JACKSONVILLE FL 32208

Mailing Address

8117 RAMSGATE RD.
JACKSONVILLE FL 32208

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

31-1675516

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HUGGINS-JONES, ANN	8117 RAMSGATE ROAD	JACKSONVILLE FL 32208
SD	BROOKS, JANIC	8117 RAMSGATE ROAD	JACKSONVILLE FL 32208
TD	NORTON, LUCILLE	8117 RAMSGATE ROAD	JACKSONVILLE FL 32208
			800004705768--4 -12/05/01--01037--008 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HUGGINS-JONES, ANN
8117 RAMSGATE RD.
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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
Registered Agent

Ann Huggins-Jones

REGISTERED AGENT MUST SIGN

Date

11/16/01

11. 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:

Ann Huggins-Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/01 630-6741

Daytime Phone #