

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033579

1. Corporation Name

JESSICANNA HOLDINGS, INC.

Principal Place of Business

Mailing Address

123 GLEN COVE PLACE
PONTE VEDRA BEACH FL 32082

123 GLEN COVE PLACE
PONTE VEDRA BEACH FL 32082

10033 Sawgrass Dr W

PO Box 3242

Ponte Vedra Bch, FL 32082

Ponte Vedra Bch, FL 32004

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

2. New Principal Office Address, If Applicable # 101

3. New Mailing Office Address, If Applicable

10033 Sawgrass Dr W

PO Box 3242

Ponte Vedra Bch, FL

Ponte Vedra Bch, FL

City & State

City & State

Zip 32082

Zip 32082

Country USA

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2000

5. FEI Number

59-3601353

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
D	CONSTANTINO, JOHN	123 GLEN COVE PLACE 57 S. Mill View Way	PONTE VEDRA BEACH FL 32082
D	CONSTANTINO, CHRISTINE M	123 GLEN COVE PLACE 517 S. Mill View Way	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATSHAW, JOHN H ESQ.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

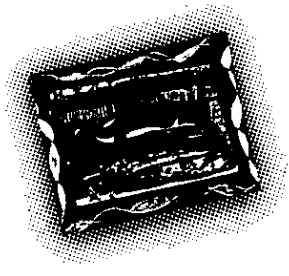
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



J C J P U B L I S H I N G , L L C .

PONTE VEDRA LIFESTYLE • AMELIA ISLAND LIFESTYLE • TRIUNFO • FSHCC BUYER'S GUIDE
NORTHEAST FLORIDA RELOCATION GUIDE • THE INFORMED VOTER • ST. JOHNS POST

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: JESSICANNA HOLDINGS, INC.

Dear Sir/Madam:

Please be advised that this office failed to receive the two prior uniform business Report notices.

Enclosed please find our completed document #P00000033579 and a check for \$150.00 for reinstatement.

Should you have any questions regarding this letter, please do not hesitate to contact me.

Sincerely,


John Constantino,
President

enclosure