

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

02 FEB 25 PM 12:54

DOCUMENT # PD00000046385

1. Corporation Name

JEZ ENTERPRISES, INC.

2. Principal Office Address

10901 BURNTMILL RD

Suite, Apt. #, etc.

1004

City & State

JACKSONVILLE FL

Zip

Country

32256

DUVAL

3. Mailing Office Address

10901 BURNTMILL RD

Suite, Apt. #, etc.

1004

City & State

JACKSONVILLE FL

Zip

Country

32256

DUVAL

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

2000 MAY 10

5. FEI Number

59-3644261

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

JOSEPH S WHEELER

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

10901 BURNT MILL ROAD

Suite, Apt. #, Etc.

1004

City

JACKSONVILLE

State

FL

Zip Code

32256

400005044554--9

-03/06/02--01005--17

****900.00 ****900.00

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

Joseph S. Wheeler

REGISTERED AGENT MUST SIGN

Date 2-22-02

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	<u>JOSEPH WHEELER</u>	<u>#1004 10901 BURNTMILL ROAD</u>	<u>JACKSONVILLE FL 32256</u>
Vice President	<u>Robert Griffin</u>	<u>417 Pecan Point Dr</u>	<u>Kerens, Texas 75144</u>
Secretary	<u>Patsy Wheeler</u>	<u>10901 Burnt Mill Rd #1004</u>	<u>Jacksonville, FL 32256</u>

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:

Joseph S. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-22-02

Daytime Phone #

904-318-5637