

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 11 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

JEZ ENTERPRISES, INC.

DOC.# P00000046385

2. Principal Office Address

1531 Fruit Cove Forest Rd. South

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32259

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 10, 2000

5. FEI Number

59-3644261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

B. Thomas Whitefield

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

4040 Woodcock Drive

Suite, Apt. #, Etc.

Suite 202

City

Jacksonville

State

FL

Zip Code

32207

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

B. Thomas Whitefield

Date April 7, 2005

REGISTERED AGENT MUST SIGN

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
PD	Bobbie P. Jimenez	1531 Fruit Cove Rd. South	Jacksonville, Florida 32259
D	B. Thomas Whitefield	4040 Woodcock Dr., Ste. 202	Jacksonville, Florida 32207

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

Daytime Phone #

CR2E081 (01/05)