

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 2:59

DOCUMENT # P00000066125

1. Corporation Name

JERRY CAFFEY, INC.

Principal Place of Business

400 OAK KNOLLS CIRCLE
SPRING LAKE FL 33870

Mailing Address

400 OAK KNOLLS CIRCLE
SPRING LAKE FL 33870



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

SEBRING FLORIDA

City & State

SEBRING FLORIDA

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

33876

Country

USA

Zip

33876

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CAFFEY, JERRY JERRY	POST OFFICE BOX 2002E 400 OAK KNOLLS CIRCLE	SEBRING FL 33871 33876
			500004769365--5 -01/11/02--01048--008 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

CAFFEY, JERRY
400 OAK KNOLLS CIRCLE
SPRING LAKE FL 33870

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33876

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

Jerry Caffey
REGISTERED AGENT MUST SIGN

Date

12-30-01

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)(l), 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:

Jerry Caffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-01

Daytime Phone #

863-385-5141

December 31, 2001

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

To Whom It May Concern:

Please process the enclosed application of reinstatement of Jerry Caffey Inc.,
Document number P00000066125.

This notice was the first I received from you office because of incorrect addresses.
The name of town and zip code was wrong.
Please send forms needed to file the necessary reports to me at the correct address listed
below and on the reinstatement application.

Please waive the reinstatement fee and accept the normal fee's for 2001 and 2002 as per
Eula 12-31-01 8:25 AM.

Thank you for your prompt assistance,

A handwritten signature in cursive script, appearing to read "Jerry Caffey".

Jerry Caffey, President
Jerry Caffey, Inc.
400 Oak Knolls Circle
Sebring, Florida 33876