

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000031426

1. Entity Name
JENNINGS INSULATION, INC.



Principal Place of Business
9706 NE 108TH AVENUE
GAINESVILLE, FL 32609

Mailing Address
9706 NE 108TH AVENUE
GAINESVILLE, FL 32609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222008 REINSTATEMENT 59-3719299

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-27-08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JENNINGS, JOHN CHRISTIAN
STREET ADDRESS 9706 NE 108TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE
NAME 100139415201
STREET ADDRESS 01/05/09--01015--014
CITY-ST-ZIP **150.00

TITLE ST
NAME JENNINGS, HEATHER CLARK
STREET ADDRESS 9706 NE 108TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32609

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-08 352-373-9744

Date

Daytime Phone #