PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000096748**

1. Corporation Name

JONES PROJECT CONSULTING CORP

Principal Place of Business	Mailing Address
5060 THE OAKS CIRCLE ORLANDO FL 32809	5060 THE OAKS CIRCLE ORLANDO FL 32809

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/2001

5. FEI Number: 59-3760866 ☐ 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
P	JONES, ANTOINETTE J	5060 THE OAKS CIR	ORLANDO FL 32809

800023986778
10/21/03--01141--013 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JONES, ANTOINETTE J 5060 THE OAKS CIRCLE ORLANDO FL 32809	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: Antoinette J. Jones SIGNATURE REQUIRED Date: 10-11-03.
REGISTERED AGENT MUST SIGN

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: Antoinette J. Jones SIGNATURE REQUIRED Antoinette J. Jones 10-11-03 407-816-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JONES PROJECT CONSULTING

October 11, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I recently received your booklet the week of October 10th to inform me that I had not filed for renewal in a timely manner. This was the first notice I have received all year. I then proceeded to contact the Florida Department of State, in which I got a recorded message indicating to write a letter stating that I had not received any notification about renewing the status of my company. I am enclosing the fee of $150.00 as instructed. Should you have any questions or concerns please contact me at the below address or call me at (407) 816-3138.

Sincerely,

Antoinette J. Jones
President

5060 THE OAKS CR • ORLANDO, FL • 32809
PHONE: (407) 816-3138 • FAX: (407) 855-8162