

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 20 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000002899**

1. Corporation Name

JOBS ON THE BEACH INC.

Principal Place of Business

Mailing Address

419 ORCHARD CIR
DOTHAN AL

419 ORCHARD CIR
DOTHAN AL

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

01/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17 TWIN OAKS LANE

City & State

City & State

DOTHAN, AL

Zip

Country

Zip

Country

36303

Houston

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	CARTER, VINCENT N	419 ORCHARD CIR	DOTHAN AL

600023923836
10/20/03--01008--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOBBS, DEBORAH H
12024 DOBBS LN
SOUTHPORT FL 32409

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT N. CARTER

Date

Daytime Phone #

10-13-03 (850) 258-7206

Jobs On The Beach Inc.
17 Twin Oaks Lane
Dothan, AL 36303

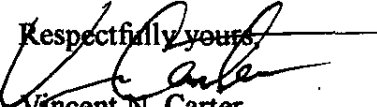
October 15, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I received this Notice of Administrative Dissolution or Revocation for my Florida corporation, Jobs On The Beach Inc. After calling your office I discovered that I should have received a form at the beginning of the year that should have been filed by May 1, 2003. I did not get this form and since this was my first year filing I was not aware of this deadline. We moved earlier in the year and apparently the initial form was not forwarded to my new address. I have enclosed the \$150.00 for my renewal. I hope that you will abate the penalty. Thank you in advance for your consideration.

Respectfully yours,


Vincent N. Carter
President