## 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: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



J. HEADLEY GROUP, INC.

Principal Place of Business

DOCUMENT #

1. Corporation Name

Mailing Address

160 CATTAIL CIRCLE JACKSONVILLE FL 32259

Signature of Registered Agent

SIGNATURE

160 CATTAIL CIRCLE JACKSONVILLE FL 32259

If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
		Address, If Applicable		New Mailing Office Address, If Applicable     Suite, Apt. #, etc.			Date Incorporated or Qualified     To Do Business in Florida     02/08/2002			
Suite, Apt.	#, etc.		Suite, Apt. #				5. FEI Number Applied For			
City & State City				City & State			75-3005564 Not Applied P			
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIREI ·	\$8.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Ad	Idresses of Each Officer a	nd/or Director (Flo	orida nonpro	fit corporations must list at le	east 3 directors)				
Title(s)	s) Name of Officers and/or Directors			3	Street Address of Eac Officer and/or Direct					
D	HEADLEY, JEANNE			160 CAT	TAIL CIRCLE		JACKSONVILLE FL 32259			
<del></del>				1				- NO -		
						5C 10/21	03010380	4435 07 **150.00		
						ENSI	INSTATEMENT			
	8. Nan	ne and Address of Curre	nt Registered Ag	ent		Name and Address of New Registered Agent				
Akel_					Name _		·			
	L, EDWARD				Street Address	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
	SONVILLE FL	DR STE 2301 L 32202			Suite, Apt. #, E					
					City			State Zip Code		
10. I, bein	g appointed th	ne registered agent of the	above named corp	oration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S. or 6	17.0505, F.S.		

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.

/3/16/33 904-287-2995 Date Daytime Phone #

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October 16, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

I, Jeanne Headley Goldman, President of the J. Headley Group, Inc. hereby state that the Notice of Administrative Dissolution or Revocation was the first notice I have received. I did not receive the two UBR notices that were said to have been sent prior to this one indicating my need as a corporation to file my annual report.

I have experienced some instances where mail has not been properly delivered to my address. In addition, this is my first year as a corporation to have to file an annual report, and I was unaware to even look for such a notice.

Therefore, I have enclosed a check for \$150.00 reinstatement fee and completed the paperwork and respectfully request reinstatement of my corporation, J. Headley Group, Inc.

Sincerely,

Jeanne Headley Goldman

President

J. Headley Group, Inc.

160 Cattail Circle Jacksonville, FL 32259

phone 904.287.2995 fax 904.287.1292 cellular 904.534.8413

email.jh\_group@bellsouth.net

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Advertising

Interactive