

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027899

1. Corporation Name

Alvin C. Jones, P.A.

2. Principal Office Address

4021 N. Armenia Ave.

Suite, Apt. #, etc.

201

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Office Address

4021 N. Armenia Ave

Suite, Apt. #, etc.

201

City & State

Tampa, FL

Zip

33607

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/13/02

5. FEI Number

01-0644532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alvin C. Jones

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

4021 N. Armenia Ave.

Suite, Apt. #, Etc.

201

City

Tampa

State

FL

Zip Code

33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alvin C. Jones

REGISTERED AGENT MUST SIGN

Date 11/09/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P	Alvin C. Jones	4021 N. Armenia Ave. #201	Tampa, FL 33607

10. 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

Alvin C. Jones

11/09/03

Date

813 873 2464

Daytime Phone #

CR2E081 (10/02)

Law Office of
ALVIN C. JONES, P.A.

4021 N. Armenia Ave.
Tampa, FL 33607
(813) 873-2464

November 10, 2003

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

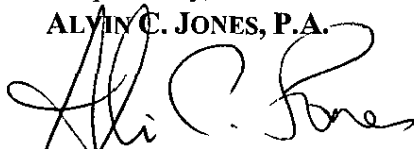
RE: Reinstatement of Corporate Status, and Waiver of Reinstatement Fee

Dear Sir or Madam:

My company is applying for reinstatement of corporate status. It was administratively dissolved on 09/19/2003, unbeknownst to me. I have just reviewed the requirements of all corporations in Florida and now realize that I should have filed a Uniform Business Report by 09/10/2003. Please forgive the oversight and also change the address to which notices will be sent to the address appearing above. Apparently you sent notice that I had not received. If I need to do anything more to accomplish reinstatement, please contact me as soon as possible.

Respectfully,

ALVIN C. JONES, P.A.



Attorney at Law