

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036365

1. Corporation Name

THE JONES GROUP, INC.

2. Principal Office Address - No P.O. Box #

243 Tupelo Courtyard

Suite, Apt. #, etc.

3. Mailing Office Address

243 Courtyard

Suite, Apt. #, etc.

City & State

Miramar Beach, FL

City & State

Miramar Beach

Zip

32550

Country

Walton

Zip

32550

Country

Walton

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2002

5. FEI Number

743036167

☐ 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

Cynthia L. Jones

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

243 Tupelo Courtyard

Suite, Apt. #, Etc.

City

Miramar Beach

State

FL

Zip Code

32550

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Cynthia L. Jones
REGISTERED AGENT MUST SIGN

Date

12/9/09

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
P	Cynthia L. Jones	243 Tupelo Courtyard	Miramar Beach, FL 32550
V	Dennis A. Jones	243 Tupelo Courtyard	Miramar Beach, FL 32550

800163541128
12/11/09--01040--005 **158.75

10. E-mail Address: **cdj482@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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:

Cynthia L. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/9/09 850-685-

1370