

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000056602

**FILED**  
**Nov 22, 2010**  
**Secretary of State**

**Entity Name:** NR JONES, PA

**Current Principal Place of Business:**

27 HIGHLAND AVENUE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5207  
ORMOND BEACH, FL 32175 US

**New Mailing Address:**

**FEI Number:** 57-1136059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASKEW, JEFFREY D  
772 US HIGHWAY 1  
SUITE 100-A  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JEFFREY D ASKEW

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** JONES, NANCY R  
**Address:** 27 HIGHLAND AVENUE  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NANCY R JONES

PRES

11/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date