

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000058310**

**1. Corporation Name**

Jessop Homes, Inc

REINSTATEMENT

02-83

400025933174

01/02/04--01051--024 \*\*900.00

**2. Principal Office Address**

1596 N. Lake Shipp Dw SW

**3. Mailing Office Address**

1596 N. Lake Shipp Dr SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, FL

Zip

33880

Country

Polk

Zip

33880

Country

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

May 28, 2002

**5. FEI Number**

☒ 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

Eric Jessop

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

1596 N. Lake Shipp Dr SW

Suite, Apt. #, Etc.

City

Winter Haven

State  
FL

Zip Code  
33880

**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

*Eric Jessop*

REGISTERED AGENT MUST SIGN

Date 12/31/03

**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
V	Joseph L. Floyd	913 School House Road	Lakeland / Florida / 33813

**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:**

*Eric Jessop*

Eric Jessop

12/31/03

863-287-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)