

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 DEC -5 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059373

1. Corporation Name

C.O. JONES INC.

Principal Place of Business

Mailing Address

3415 MAIN HWY.  
MIAMI FL 33133

3415 MAIN HWY.  
MIAMI FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/2002

5. FEI Number

41-2051045

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OKOLOWICZ, BRYAN	3415 MAIN HWY.	MIAMI FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OKOLOWICZ, BRYAN  
3415 MAIN HWY.  
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Date

11/28/03

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan Okolowicz

Date

11/28/03

Daytime Phone #

305-984-0699  
305-5690009

CR2E040 (7/03)

# ZOOM

December 2, 2003

Attention: Reinstatement Section

Enclosed you will find the Application For Reinstatement of C.O. Jones Inc (Document # P02000059373).

Upon speaking with Justin at the Division of Corporations (850-245-6059) today (December 2, 2003), I became aware of the current situation.

The UBR sent in July of 2003, along with the appropriate fees (\$150), was rejected because it was missing the FEI number. Unfortunately, I never received the rejection letter dated 08/01/03.

Please accept this application for reinstatement, which includes the FEI number, for processing at your earliest convenience.

Please note: as per my conversation with Justin, the appropriate fees were already paid in July when the UBR was originally sent.

Don't hesitate to call me if you have any questions regarding this matter. I am available at 305-984-0699

Thank you,

Bryan Okolowicz

3415 main highway  
coconut grove florida 33133  
p 305 569 0009 f 305 569 0003