

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072044

1. Corporation Name

Jennifer Ann Charters, Inc.

2. Principal Office Address
P.O. Box 15764

3. Mailing Office Address
P.O. Box 15764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip
32034

Country
USA

Zip
32034

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/01/2002

5. FEI Number
90-0073676

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
Tomassetti, A. Jeffrey ESQ

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

Suite, Apt. #, Etc.

City
Fernandina Beach

State
FL

Zip Code
32034

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**

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 4.27.04

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	Trevor Singleton	764 S. Fletcher Avenue, P.O. Box 15764	Fernandina Beach, FL 32034
V	Jennifer Singleton	764 S. Fletcher Avenue, P.O. Box 15764	Fernandina Beach, FL 32034

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:

Trevor Singleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

229-868-5411
Daytime Phone #

CR2001 (01/04)

2

JENNIFER ANN CHARTERS, INC.
P.O. BOX 15764
FERNANDINA BEACH, FL 32034

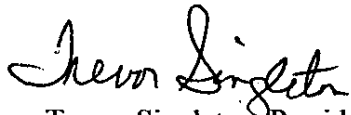
To Whom It May Concern:

Due to the wrong address being listed on the application, I did not receive notices for the years 2003 and 2004. I would like for the corporation to be reinstated. I am enclosing a Corporation Reinstatement Form.

I would like for any late fees to be waived. I am enclosing a check for \$300.00. If this is not acceptable, please let me know.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Trevor Singleton".

Trevor Singleton, President
Jennifer Ann Charters, Inc.