

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -7 PM 4:47

SECRET
FALL 2007

DOCUMENT # P03000084522

1. Corporation Name

TROY & JENNY ENTERPRISES, INC.

W06-41716

2. Principal Office Address

855 NE Delphinium Dr.

Suite, Apt. #, etc.

City & State
Madison, Florida

Zip
32340

Country
Madison

3. Mailing Office Address

855 NE Delphinium Dr.

Suite, Apt. #, etc.

City & State
Madison, FL.

Zip
32340

Country
Madison

REINSTATEMENT 0506

4. Date Incorporated or Qualified
To Do Business in Florida

August, 1, 2003

5. FEI Number

86-1076251

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
Jennifer G. Hendry

Street Address (P.O. Box Number is Not Acceptable)
855 NE Delphinium Dr.

Suite, Apt. #, Etc.

City
Madison

State
FL

Zip Code
32340

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

Jennifer G. Hendry
REGISTERED AGENT MUST SIGN

Date 9/20/06

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
Pres.	Jennifer G. Hendry	855 NE Delphinium Dr.	Madison, FL 32340

700081556357
11/07/06--01003--017 **300.00

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 contained in Chapter 119, 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

Jennifer G. Hendry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/06 850-973-6892

Daytime Phone #

282

Hughey Memorial Personal Care Center
765 NE Delphinium Dr.
Madison, Fla. 32340
850-973-6164
Fax 850-973-6168

October 16, 2006


Florida Department of State
Division of Corporations

Subject: Troy & Jenny Enterprises, Inc.
Ref. Number P03000084522

Please be advised by this letter that we are requesting for waiver of the reinstatement fee due to non-receipt of the original/second notice annual report. We feel that failure to receive notice was due to 911 address changes. Also, during this same time frame we moved to a temporary address. Although, most mail was forwarded, we do know some was not.

Thank you in advance for your considerations.

Sincerely,



Jenny Hendry, Administrator