

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 18 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007041

1. Corporation Name

MARK JONES ENTERPRISES, INC.

2. Principal Office Address

2323 Talley Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

2323 Talley Ln.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32303

Country

LEON

City & State

TALLAHASSEE FL.

Zip

32303

Country

LEON

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

01/08/2004

5. FEI Number

20-0581869

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

MICHAEL K. JONES

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

2323 Talley Ln.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Michael K. Jones

Date

4-18-06

REGISTERED AGENT MUST SIGN

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	<u>MICHAEL K. JONES</u>	<u>2323 Talley Ln.</u>	<u>TALLASSEE FL 32303</u>
U	<u>KIM M. JONES</u>	<u>2323 Talley Ln.</u>	<u>TALLAHASSEE FL 32303</u>

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:

Michael K. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 (850) 339-5141

Date

Daytime Phone #