

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000016191

1. Corporation Name

MARQUINETTA JENX, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 70 Autumn Breeze Way

26 PO Box 2069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Winter Park FL

28 Eatonville FL

Zip

County

Zip

County

24 32792

25 Orange

29 32751

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Gloria Hillary

82 Street Address (P.O. Box Number is Not Acceptable)
2040 Pipes Avenue

83

84 City Sanford FL 85 Zip Code 32771

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

by C. P. DeMaio as attorney-in-fact 3/8/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE
NAME Marquietta Jenkins
STREET ADDRESS 70 Autumn Breeze Way
CITY-ST-ZIP Winter Park, FL 32792

TITLE Director ☐ DELETE
NAME Diahjiannia Robinsons
STREET ADDRESS 70 Autumn Breeze Way
CITY-ST-ZIP Winter Park, FL 32792

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600095893126
04/05/07--01036--011 **150.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
600095893126
04/17/07--01038--011 **300.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE

by C.P DeMaio as attorney-in-fact 3/8/2007 561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 MAR 20 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0507

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MARQUINETTA JENX, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300.00 check payable to Florida Department of State

• We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

• 2005

2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by C.P DeMaio as attorney-in-fact 3/8/2007 561-694-8107

Name: Marquinetta Jenkins

Title: Director

Date: