

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

16 DEC -5 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000633968

1. Corporation Name

JEMA BOUTIQUE, INCORPORATED

2. Principal Office Address - No P.O. Box #

4415-C Constitution Lane 4415-C Constitution Lane

Suite, Apt. #, etc.

Suite #313

3. Mailing Office Address

4415-C Constitution Lane

Suite, Apt. #, etc.

Suite #313

City & State

MARIANNA FL

City & State

MARIANNA, FL

Zip

32448

Country

USA

Zip

32448

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/18/2004

5. FEI Number

20-1091850

☐ 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

VIVIAN BRADFORD

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

4415-C CONSTITUTION LANE

Suite, Apt. #, Etc.

SUITE #313

City

MARIANNA

State

FL

Zip Code

32448

100232972221  
12/06/16--01005--001 \*\*1350.00

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

*Vivian Bradford*  
REGISTERED AGENT MUST SIGN

Date 12/5/16

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	VIVIAN A BRADFORD	4415-C CONSTITUTION LANE, Suite #313 MARIANNA, FL 32448	

10. E-mail Address: jema.boutique.fl@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Vivian Bradford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/16

Date

Daytime Phone #