

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY -5 PM 1:57

DOCUMENT # PO4000041846

1. Corporation Name

Mister Jellyroll's Coffee Shop & Gift Boutique Inc

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

129 N. Lake Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

129 N. Lake Avenue

Suite, Apt. #, etc.

City & State

Pahokee, FL

Zip

33476

Country

US

City & State

Pahokee FL

Zip

33476

Country

US

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

3-9-04

5. FEI Number

200828254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Ann O'Connell Rust

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

129 N. Lake Ave.

Suite, Apt. #, Etc.

City

Pahokee

State

FL

Zip Code

33476

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

Ann O'Connell Rust
REGISTERED AGENT MUST SIGN

Date 5/1/09

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	Ann O'Connell Rust	P.O. Box 126	Canal Point, FL 33438
VP	Allen F Rust	P.O. Box 126	Canal Point FL 33438

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:

Ann O'Connell Rust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/09

Daytime Phone #