

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

1062

**DOCUMENT # P04000072600**

1. Entity Name  
JB JONES JR MANAGEMENT INC



**FILED**  
07 NOV 05 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
265 BERMUDA RICH DR  
FORT PIERCE, FL 34949

Mailing Address  
265 BERMUDA RICH DR  
FORT PIERCE, FL 34949

2. Principal Place of Business - No P.O. Box #  
Fort Pierce Fla

3. Mailing Address  
265 Bermuda Beach Dr

Suite, Apt. #, etc.



10192007 REIN-P: CR2E098 (1/07) 2007

City & State  
Fort Pierce Fla

Zip  
34949

Country  
USA

4. FEI Number  
20-1106570

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
JONES, JB  
265 BERMUDA BCH DR  
FORT PIERCE, FL 34949

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* 11/1/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, JB 265 BERMUDA BCH DRIVE FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	800112633838 11/28/07--01007--006 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE *[Signature]* 11/1/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FEI# 201106570

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Florida Department of State

Oct 21, 2007

Division of Corporations

my name is JB Jones Jr, I have spoken with the office of Division of Corporations, because I did not receive the ~~proper~~ documents for reorganization.

The address the Dept. of State had, was incorrect, by type error. I have since corrected the address with the correct department.

I am requesting a waiver of the 700.00 late fee. And enclosing my check \$150.00 and request waiver application. Had I received the Annual Report Notice, this would have never become a problem.

I Thank you for your consideration & time & understanding.

Sincerely,

JB Jones Jr

enclosed.

\$150.00 Fees

JB