1 of

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 APR 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000135723

1. Corporation Name
B.M.JONES,INC

REINSTATEMENT 05-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2011 WALTON ST S	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG	City & State
Zip: 33712 Country: PINELLAS	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/24/2004

5. FEI Number: 26-2372751 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: YOLANDA JONES

Street Address (P.O. Box Number is Not Acceptable): 2011 WALTON ST S

Suite, Apt. #, Etc.

City: ST PETERSBURG State: FL Zip Code: 33712

☑ 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.

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: Yolanda C. Jones — REGISTERED AGENT MUST SIGN — Date: 4/17/08

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
PTSD	YOLANDA JONES	2011 WALTON ST S	ST PETERSBURG, FL 33712
V	Anthony Jones	9313 Longstone CT	Tampa, FL 33615
V	Diana Scott	1021 Alhambra WAYS	St Petersburg, FL 33705
V	Danna M. JACKSON	6201 56th AVE S	St. Petersburg, FL 33705

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: Yolanda C. Jones — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/17/08 — Daytime Phone #: (727) 498-4076

4/18 aw

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000101513 3)))

H08000101513 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

B. M. JONES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,200.00~~

Please waive fee! Thanks!
$600.00

Electronic Filing Menu Corporate Filing Menu Help