

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100174167761
04/01/10--01039--006 **450.00

CR2E081 (11/09)

DOCUMENT # P06000086242

1. Corporation Name Jenkins Property Maintenance INC.

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

3255 Haddon Ave

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32905

Country

U.S.A

3. Mailing Office Address

P.O. Box 60508

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32906

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

205152665

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

Christopher J. Jenkins

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

3255 Haddon Ave

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

☒ 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

Christopher Jenkins

REGISTERED AGENT MUST SIGN

Date 3-30-10

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
President	Christopher J. Jenkins	3255 Haddon Ave Palm Bay, FL 329	Palm Bay, FL 32905
Vice Pres.	Allison Jenkins	3255 Haddon Ave	Palm Bay, FL 32905

REINSTATEMENT

RH

10. E-mail Address: JenKinstreeSVC@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., 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.

SIGNATURE: Christopher Jenkins Christopher J. Jenkins president. 3-30-10 321-728/558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #