

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000103172

1. Corporation Name

Jeff Jensen Enterprises Inc

2. Principal Office Address - No P.O. Box #
1506 Pinedale Meadows Court

3. Mailing Office Address
1506 Pinedale Meadows Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plant City, FL

City & State
Plant City, FL

Zip
33563

Country
USA

Zip
33563

Country
USA

7. Name and Address of Current Registered Agent

Name
Jeff Jensen

Street Address (P.O. Box Number is Not Acceptable)
2811 Airport Road

Suite, Apt. #, Etc.

City
Plant City

State **Zip Code**
FL 33563

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** ✓

REGISTERED AGENT MUST SIGN

Date 6-16-10

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
P	Jeff Jensen	1506 Pinedale Meadows Court	Plant City, FL 33563
V	Rhonda Jensen	1506 Pinedale Meadows Court	Plant City, FL 33563

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: ✓

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-10

Date

813 478-9937

Daytime Phone #

FILED
10 SEP -7 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100183900791
08/02/10--01051--007 **450.00

100183900791
09/07/10--01060--004 **608.75

REINSTATEMENT 08-10

**4. Date Incorporated or Qualified¹
To Do Business in Florida** September 17, 2007

5. FEI Number
26-1669626

☐ 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.