

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC -2 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000116906

1. Corporation Name

PHASE ONE Jamaican Products and Groceries

~~009 51343~~

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

2826 N Main St

Suite, Apt. #, etc.

3. Mailing Office Address

2826 N Main St

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32206

Country

Duval

Zip

32206

Country

Duval

7. Name and Address of Current Registered Agent

Name

Rennald Walker

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

3632 Whisper creek Blvd

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32069

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

11/01/2007

5. FEI Number

26-129254

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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 13 Nov 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	Devon Buell	7455 Deerwood Dr N	Jacksonville FL 32244
VP	Rennald Walker	3632 Whisper creek Blvd	Middleburg FL 32069

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:

Rennald Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Nov 09 904-354-0444

Date

Daytime Phone #