

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000038255

1. Corporation Name

Jessica Renee, Inc.

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

6550 West Sample Road

Suite, Apt. #, etc.

3. Mailing Office Address

6550 West Sample Road

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

7. Name and Address of Current Registered Agent

Name

Jessica R. Fletcher

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

6550 West Sample Road

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8-24-2011

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	Jessica R. Fletcher	6550 West Sample Road	Coral Springs, FL 33607
S	Jessica R. Fletcher	6550 West Sample Road	Coral Springs, FL 33607

10. E-mail Address:

(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 817.0401, F.S., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-2011

Date

Daytime Phone #

FILED

2011 SEP -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 10-11

CR2B081 (12/10)

4. Date Incorporated or Qualified
To Do Business in Florida 04/29/2009

5. FEI Number

26-4788218

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100211668131
09/01/11--01018--007 **\$900.00