

PLEASE READ ALL INSTRUCTIONS BEFORE (

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 FEB 20 AM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P13000035309

1. Corporation Name

Greg Jolly Inc  
23 Carrie Way  
Valparaiso FL 32580

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

23 Carrie Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Valparaiso FL

City & State

FL

Zip

32580

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/13

5. FEI Number

46-2608877

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

Greg Jolly

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

23 Carrie Way

Suite, Apt. #, Etc.

1

City

Valparaiso

State

FL

Zip Code

32580

300268875363  
02/20/15--01043--006 \*\*\$600.00  
300268875363  
01/28/15--01034--008 \*\*\$300.00

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

Date 1-21-15

REGISTERED AGENT MUST SIGN

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,T	Greg Jolly	23 Carrie Way	Valparaiso FL 32580

10. E-mail Address: Jollygreg40@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., 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

1-21-15

Date

850-200-6381

Daytime Phone #