

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000000205

1. Corporation Name

J+A Management Company, Inc.
of Bluewater Bay

2. Principal Office Address

500 Kelly Rd.

Suite, Apt. #, etc.

Office

City & State

Valparaiso, FL.

Zip

32580

Country

3. Mailing Office Address

500 Kelly Rd.

Suite, Apt. #, etc.

Office

City & State

Valparaiso, FLA.

Zip

32580

Country

REINSTATEMENT 08-02

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

01-04-93

5. FEI Number

59-3163784

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

Joseph L. Wright

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

1420 Bayshore Dr.

Suite, Apt. #, Etc.

City

Niceville, FL 32578

State

FL

Zip Code

32578

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

Joseph L. Wright

REGISTERED AGENT MUST SIGN

Date

3/6/02

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
PVD	Michael R. Wright	500 Kelly Rd	Valparaiso, FL 32580
VP	Michael R. Wright	500 Kelly Rd	Valparaiso, FL 32580
Officer	Michael R. Wright	500 Kelly Rd	Valparaiso, FL 32580

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 under section 119.07(3)(i), 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:

Michael R. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02
Date

850-678-5968
Daytime Phone #

CR2E081 (9/01)