

APPLICATION
FOR
REINSTATEMENT

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



FILED

99 DEC 30 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003231

1. Corporation Name

THE JESSEY GROUP, INC.

Principal Place of Business

Mailing Address

7 FLORIDA PARK DR
SUITE G
PALM COAST FL 32137
US

~~7 FLORIDA PARK DR~~
~~SUITE G~~
~~PALM COAST FL 32137~~
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 354449
PALM COAST FL
32135 USA



4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1993

5. FEI Number

57-0928060

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JESSEY, FRANCIS V	7 FLORIDA PARK DR SUITE G	PALM COAST FL 32137
D	JESSEY, PHYLLIS D	7 FLORIDA PARK DR SUITE G	PALM COAST FL 32137

100003087641--0
-01/04/00--01068--004
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JESSEY, FRANCIS V
7 FLORIDA PARK DR
SUITE G
PALM COAST FL 32137

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of Francis V. Jesse
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/27/99

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., 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:

Signature of Francis V. Jesse
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/99 (904) 446-1111
Daytime Phone #

KE