PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 23 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059803

1. Corporation Name
JO ANN ALLEN, INC.

Principal Place of Business	Mailing Address
1595 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	1595 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

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
1004 S U.S. 1	1004 S U.S. 1
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Fort Pierce, Florida	City & State: Fort Pierce, Florida
Zip: 34950 Country: St. Lucie	Zip: 34950 Country: St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida: 08/23/1993

5. FEI Number: 65-0441849 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D.	ALLEN, JO A	2601 N. INDIAN RIVER DR.,ST. LUC	FORT PIERCE FL 34950
D	MASCIOLI, MARY	1804 SOUTH OCEAN DR.	FORT PIERCE FL 34949

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*****400.00 *****200.00

8. Name and Address of Current Registered Agent

ALLEN, JO ANN
1209 DELAWARE AVE
FT. PIERCE FL 34950

9. Name and Address of New Registered Agent

Name: Jo Ann Allen MWB 10-9-96
Street Address (P.O. Box Number is Not Acceptable): 1004 S U.S. 1
Suite, Apt. #, Etc
City: Fort Pierce, State: FL Zip Code: 34950

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: Jo Ann Allen Date: 9/19/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [XX] No ☐ (See other side for information on intangible tax.)

12. 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: Jo Ann Allen 9/19/96 Date 561/461-4919 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jo Ann Allen