

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN -8 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300084663583  
01/17/07--01012--013 \*\*450.00

DOCUMENT # P93000066449

1. Corporation Name

FRANK JONES PAINTERS, INC.

2. Principal Office Address

96099 DOLPHIN WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YULEE, FL

City & State

Zip

32097

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09-20-1993

5. FEI Number

59-3203513

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

FRANK JONES, SR.

96099 DOLPHIN WAY

Suite, Apt. #, Etc.

YULEE

State  
FL

Zip Code  
32097

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

*Frank Jones Sr.*  
REGISTERED AGENT MUST SIGN

Date *1-5-07*

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
PS	FRANK JONES, SR.	96099 DOLPHIN WAY	YULEE, FL 32097
T	JACKIE JONES	96099 DOLPHIN WAY	YULEE, FL 32097

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 contained in Chapter 119, 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: *Frank Jones Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1-5-07*  
Date

Daytime Phone #

*904 3558105*  
Daytime Phone #

K. Eckel JAN 08 2007

2/2  
Frank Jones Painters, Inc.  
96099 Dolphin Way  
Gulf, FL 32097

December 29, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is our application for corporate reinstatement of Frank Jones Painters, Inc. along with a check in the amount of \$450.00. (2005-2007) annual report fees. We are requesting abatement of the reinstatement fees because we never received notices from the Department. Our address has changed several times as a result of the county 911 program. Thank you for your consideration in this matter.

Sincerely,

Frank Jones Sr.

Frank Jones, Sr.  
President