

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000059534

1. Corporation Name

JMJ/ Harbor Lights, Inc.

2. Principal Office Address

P.O. Box 1229

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

3. Mailing Office Address

P.O. Box 1229

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

REINSTATEMENT 01-02

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

May 1994

5. FEI Number

59-3265830

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

J. Michael Jones

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

201 Highland Ave

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State
FL

Zip Code

32459

100005036801 --4

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****900.00 ****900.00 **AS**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/27/02

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
President -	Justin M. Jones	201 Highland Ave.	Santa Rosa Beach, FL 32459
Secretary -	J. Michael Jones	201 Highland Ave.	Santa Rosa Beach, FL 32459

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02
Date

233 5800
Daytime Phone #