

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 4:57

DOCUMENT # P94000059540

1. Corporation Name

JMJ/PRINCESS, INC.

Principal Place of Business

6415 THOMAS DR  
PANAMA CITY FL 32408  
US

Mailing Address

P.O. BOX 1610  
SANTA ROSA BEACH FL 32459  
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

Panama City Beach, FL  
32408 U.S.A.

City & State

6415 Thomas Drive  
Panama City Beach, FL  
32408 U.S.A.

REINSTATEMENT

01

4. Date Incorporated or Qualified To Do Business in Florida

08/12/1994 SP

5. FEI Number

59-3265828

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JONES, J M	201 HIGHLAND AVENUE	SANTA ROSA BEACH FL 32459
VP	JONES, JUSTIN M.	336 HILLTOP DRIVE	SANTA ROSA BEACH FL 32459

800004662888--1  
-11/01/01--01054--011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

JONES, J.M.  
6415 THOMAS DR  
PANAMA CITY FL 32408

9. Name and Address of New Registered Agent

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

*Michael Jones*  
REGISTERED AGENT MUST SIGN

Date

10/15/01

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Jones*

Date

10/15/01

Daytime Phone #

CR2E040 (8/01)