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 DEC 19 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000007546**

1. Corporation Name

JO ANN WOLVERTON, INC.

Principal Place of Business	Mailing Address
~~6021 EMERALD HARBOR DRIVE~~ ~~LONGBOAT KEY FL 34238~~	~~6021 EMERALD HARBOR DRIVE~~ ~~LONGBOAT KEY FL 34238~~

REINSTATEMENT 9600

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
524 Ketch Lane	524 Ketch Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 34228-3720 / Country	Zip: 34228-3720 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/25/1995

5. FEI Number: 65-0555583 ☐ 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 PTS	WOLVERTON, JO ANN	~~6021 EMERALD HARBOR DRIVE~~ 524 Ketch Lane	~~LONGBOAT KEY FL 34238~~ Longboat Key FL 34228-3720
			000002037070--6 -12/24/96--01103--007 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

~~FITZGIBBONS, THOMAS M~~
~~1800 SECOND STREET~~
~~SUITE 680~~
~~SARASOTA FL 34236~~

9. Name and Address of New Registered Agent

Name: JoAnn Wolverton
Street Address (P.O. Box Number is Not Acceptable): 524 Ketch Lane
Suite, Apt. #, Etc.:
City: Longboat Key | State: FL | Zip Code: 34228-3720

CR2E040 (7/96)

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 Wolverton SIGNATURE REQUIRED — Date: 12-16-96
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.

JoAnn Wolverton, Pres

SIGNATURE: Jo Ann Wolverton SIGNATURE REQUIRED — 12-16-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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