PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAR 24 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060820

1. Corporation Name JACQUELINE DALE INC.

Mailing Address
JACQUELINE DALE
P.O. BOX 2221
Ponte Vedra Bch, Fl. 32004

Principal Place of Business
2018 SAN MARCO BLVD.
JACKSONVILLE, FL. 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE MWB

2. New Mailing Address, If Applicable
JACQUELINE DALE
Suite, Apt. #, etc.
P.O. Box 2221
City & State
Ponte Vedra Bch. Fl.
Zip 32004 Country St. Johns County

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Aug. 3 1995

F.E.I. Number Applied For
DOSA00037005 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) FEI 59-3338527

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
President	JACQUELINE DALE	300 13th Ave N.	Jacksonville Bch, Fl. 32250

700002123807--3
-03/25/97--01079--011
****375.00 ****375.00

8. Name and Address of Current Registered Agent
JACQUELINE DALE

9. Name and Address of New Registered Agent
Name JACQUELINE DALE
Street Address (P.O. Box Number is Not Acceptable) 300 13th Ave N
Suite, Apt. #, Etc.
City Jacksonville Bch State FL Zip Code 32250

CR4E040 (6-94)

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 _____ Date 12-26-96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: _____ JACQUELINE DALE 12/26/96 904 3991234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #