

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 20 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096381

1. Corporation Name

J. N. A. PROPERTIES, INC.

2. Principal Office Address

335 BUCKNELL DR.

Suite, Apt. #, etc.

3. Mailing Office Address

335 BUCKNELL DR.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL.

City & State

DAYTONA BEACH, FL.

Zip

32118

Country

USA

Zip

32118

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-18-95

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

RITA CAPUTO CAMERON

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

335 BUCKNELL DRIVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32118

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

Rita Caputo Cameron

Date

9-15-05

REGISTERED AGENT MUST SIGN

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
P/V/D	RITA CAPUTO CAMERON	335 BUCKNELL DRIVE	DAYTONA BEACH, FL. 32118
T-D	D.L. KRIER	335 BUCKNELL DRIVE	DAYTONA BEACH, FL. 32118
S	JIM CAMERON	335 BUCKNELL DRIVE	DAYTONA BEACH, FL. 32118

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09/20/05--01050--008 **1950.00

STATEMENT 9-15-05

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:

Rita Caputo Cameron

9-15-05

386/547-4037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #