PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 FEB -4 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018310

1. Corporation Name
Jensen Plaza Inc

Principal Place of Business
PO Box 1610
Jensen Beach FL
34958

Mailing Address
PO Box 1610
Jensen Beach FL
34958

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

REINSTATEMENT 98-99 AW

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

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

4. Date Incorporated or Qualified To Do Business in Florida 2/28/1996

5. FEI Number 59-2019087
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	Frank Wacha JR	3860 NE Cheri Dr	Jensen Beach FL 34957
D	Warner Wacha	991 NE Dorsey Terrace	Jensen Beach FL 34957
ST	Janice Wacha	3860 NE Cheri Dr	Jensen Beach FL 34957

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****900.00 ****900.00

8. Name and Address of Current Registered Agent
Frank Wacha JR
3860 NE Cheri Dr
Jensen Beach FL 34957

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.

X Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 2/2/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ 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.

SIGNATURE: Janice Wacha 1/29/99 561 334 3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (12/98)