

2008 FOR PROFIT CORPORATION

Reinstatement

DOCUMENT # P96000041079

1. Entity Name
JOHN'S BRIDAL, INC.



Principal Place of Business
2006 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 US

Mailing Address
2006 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 US

2008 NOV 3 AM 10:11



REINSTATEMENT 08

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3393118

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZGER, JOHN L
6801 HENNO COURT
PORT ORANGE, FL 32128

DO NOT WRITE
IN THIS SPACE

I, the above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

000137091830

11/21/08--01049--011 **200.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
METZGER, JOHN L
6801 HENNO COURT
PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000137091830

10/20/08--01064--007 **550.00

DO NOT WRITE
IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-08

386 322 6868