

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P96000046829**

1. Corporation Name  
**JACOBONI INTERESTS, INC.**

Principal Place of Business PO BOX 952488 LAKE MARY FL 32746 US	Mailing Address 3487 BUFFAM PLACE CASSELBERRY FL 32707
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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
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5481 Wayside Drive
City & State	City & State Sanford, FL
Zip	Zip 32771
Country	Country USA

FILED  
 00 OCT 20 AM 11: 02  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



**REINSTATEMENT** *10*

4. Date Incorporated or Qualified To Do Business in Florida	06/03/1996
5. FEI Number	59-3395270
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JACOBONI, JOSEPH J	PO BOX 957488	LAKE MARY FL 32795

200003457692--4  
 -11/08/00--01079--021  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

JACOBONI, JOSEPH J  
 3487 BUFFAM PLACE  
 CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 5481 Wayside Drive  
 Suite, Apt. #, Etc.  
 City  
 Sanford  
 State  
 FL  
 Zip Code  
 32771

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 *[Signature]* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10/18/00

11. 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: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/00 407-333-0686  
 Daytime Phone #

CR2E040 (8/00)

KE