

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 23, 2004 8:00 A.M.
Secretary of State

DOCUMENT #

P96000076168

1. Corporation Name

NORMA JEAN'S, INC.

2. Principal Office Address

9119 U.S. 27 South

Suite, Apt. #, etc.

City & State

Sebring, Florida

Zip

33870

Country

U.S.A.

3. Mailing Office Address

9119 U.S. 27 South

Suite, Apt. #, etc.

City & State

Sebring, Florida

Zip

33870

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/1996

5. FEI Number

34-1998987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD W. HARTSFIELD

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

9119 U.S. 27 S.

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

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

RONALD W. HARTSFIELD

REGISTERED AGENT MUST SIGN

Date

6-18-04

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
D/P	HARTSFIELD, RONALD W.	9119 U.S. 27 South	Sebring, Florida 33870
D/VP S/T	HARTSFIELD, ANDREA	9119 U.S. 27 South	Sebring, Florida 33870

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:

RONALD W. HARTSFIELD, DIRECTOR/PRESIDENT

Date

6-18-04

Daytime Phone #

(863) 655-9572

SWAINE, HARRIS & SHEEHAN, P. A.

ATTORNEYS AT LAW

BERT J. HARRIS, III
J. MICHAEL SWAINE
J. TIMOTHY SHEEHAN
KIMBERLY L. SAPP
ROBERT S. SWAINE

425 SOUTH COMMERCE AVENUE
SEBRING, FL 33870-3702
(863) 385-1549
FAX: (863) 471-0008

401 DAL HALL BLVD.
LAKE PLACID, FL 33852-6561
(863) 465-2811
FAX: (863) 465-6999

PLEASE REPLY TO:
LAKE PLACID

June 18, 2004

tim@heartlandlaw.com

VIA: CERTIFIED MAIL – 7002 3150 0001 4216 0930
RETURN RECEIPT REQUESTED

DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

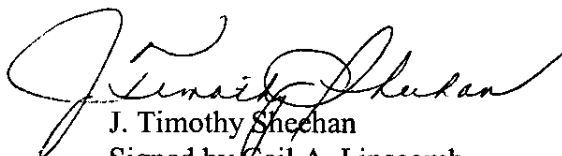
RE: NORMA JEAN'S, INC.

Dear Sir/Madam:

Please find enclosed properly executed Corporation Reinstatement form for the above corporation, together with check number 4978 drawn on the account of Ronald W. and Andrea Hartsfield in the amount of \$1,658.75 to cover the cost of reinstating the above-referenced corporation and receiving a Certificate of Status for same.

Thank you for your cooperation in this matter.

Very truly yours,



J. Timothy Sheehan
Signed by Gail A. Lipscomb
Legal Assistant to avoid delay
in mailing

gl
Enclosures
xc: Client