PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 9:47

DOCUMENT # P96000095562

1. Corporation Name

JEAN IVIS, INC.

Principal Place of Business	Mailing Address
2800 BAJA TRAIL ORMOND BEACH FL 32174	2800 BAJA TRAIL ORMOND BEACH FL 32174

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 2300 Baja Trail	Suite, Apt. #, etc. 2300 Baja Trail
City & State Ormond Bch FL	City & State Ormond Bch, FL
Zip 32174 Country USA	Zip 32174 Country USA

4. Date Incorporated or Qualified, and/or To Do Business in Florida: 11/18/1996

5. FEI Number: 59-3421413 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	IVIS, JEAN M	~~28 MEADOW RIDGE VIEW~~ 2300 Baja Trail	ORMOND BCH FL
			900004685929--5 -11/16/01--01082--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

IVIS, JEAN M
2800 BAJA TRAIL
ORMOND BEACH FL 32174

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

CR2E040 (8/01)

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: Jean M. Ivis SIGNATURE REQUIRED — Date 10/16/01

REGISTERED AGENT MUST SIGN

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: Jean M. Ivis SIGNATURE REQUIRED — 10-16-01 — 386-676-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #