

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007134

1. Corporation Name

GREEN VISIONS BY JON INC.

Principal Place of Business

P O BOX 23117
JACKSONVILLE FL 32241

Mailing Address

P O BOX 23117
JACKSONVILLE FL 32241

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

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

01/17/1997

5. FEI Number

59-3418742

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 3	City / State / Zip 4
P	MCCANCE, JONATHAN E	4527 CAROLYN COVE LANE N.	JACKSONVILLE FL 32258
P	McCance Jonathan E.	1555 CENTURY ACRES LANE	JACKSONVILLE, FL. 32259

900008758169

11/01/02 01058 016 **150.00

8. Name and Address of Current Registered Agent

MCCANCE, JONATHAN E
4527 CAROLYN COVE LANE N.
JACKSONVILLE FL 32258

9. Name and Address of New Registered Agent

Name

McCance, Jonathan E

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

1555 CENTURY ACRES LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32259

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

CR2E040 (8/02)

GREEN VISIONS by JON, INC.
POST OFFICE BOX 23117
JACKSONVILLE, FL 32241-3117
(904) 292-9700

October 28, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

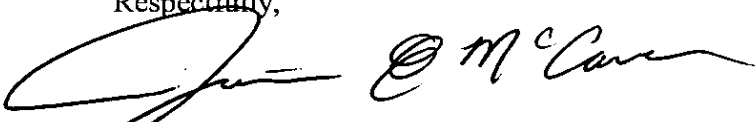
Re: Corporation Reinstatement

Dear Reinstatement Clerk:

Pursuant our conversation regarding failure to file, as I explained, I did not reside at the Carolyn Cove Lane address when the renewal forms were mailed. At that time I was going through a divorce and living in an apartment. My soon to be ex-wife did not forward any mail and I had many problems result from this lack of communication.

I apologize for the delay in filing and appreciate your understanding. Please accept my Application for Reinstatement as I have enclosed my check and the completed form with my new address.

Respectfully,

A handwritten signature in black ink, appearing to read "Jonathan E. McCance". The signature is fluid and cursive, with a large initial "J" and a stylized "E" and "M".

Jonathan E. McCance
President