

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028913

1. Corporation Name

JONVAL, INC.

REINSTATEMENT 01-02

900005338389--0
-04/25/02--01004--005
****900.00 ****900.00

2. Principal Office Address
2000 PRINCIPAL LANE

3. Mailing Office Address

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL

City & State

Zip
32547

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/31/1997

5. FEI Number 59-3439642

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

JOHN L. SHORTALL, JR.

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

2000 PRINCIPAL LANE, APT. 203

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State
FL

Zip Code
32547

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

REGISTERED AGENT MUST SIGN

Date

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
	JOHN L. SHORTALL, JR.	2000 PRINCIPAL LANE, APT 203	FT. WALTON BEACH, FL 32547

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)