

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 21 AM 8:00

DOCUMENT # P97000104664

1. Corporation Name

JONES COMMUNICATIONS INC

2. Principal Office Address

5350 MCINTOSH POINT

Suite, Apt. #, etc.

STE 134

City & State

SANFORD FLORIDA

Zip

32773-8149

Country

SEMINOLE

3. Mailing Office Address

5350 MCINTOSH POINT

Suite, Apt. #, etc.

STE 134

City & State

SANFORD FLORIDA

Zip

32773-8149

Country

SEMINOLE

4. Date Incorporated or Qualified

To Do Business in Florida 12/11/97

5. FEI Number

59-3489903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-04

MRE

7. Name and Address of Current Registered Agent

Name

JAMES A JONES III

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

1240 WEST EMBASSY DRIVE

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

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

James A. Jones III

REGISTERED AGENT MUST SIGN

Date

9/17/04

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	JAMES A JONES III	1240 W EMBASSY DRIVE	DELTONA, FL 32725
VP	J. MICHAEL HARTMAN	312 W FIRST ST STE 503	SANFORD, FL 32771

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:

James A. Jones III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/04

Date

407-448-6615

Daytime Phone #

CR2E001 (01/04)