

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 20 11:11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106703

1. Corporation Name

JENNIFER JONES, INC.

Principal Place of Business

11504 SECOND AVENUE NE
BRADENTON FL 34202

Mailing Address

11504 SECOND AVENUE NE
BRADENTON FL 34202

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

12/19/1997

5. FEI Number

65-0805316

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 |
|---------------|---|--|-------------------------|
| D | JONES-ARNAUD, JENNIFER | 11504 SECOND AVENUE NE | BRADENTON FL 34202 |
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800009090798
11/20/02--01010--006 **150.00

8. Name and Address of Current Registered Agent

JONES-ARNAUD, JENNIFER
11504 SECOND AVENUE NE
BRADENTON FL 34202

9. Name and Address of New Registered Agent

Name

Jennifer Jones

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

11504 2nd Ave N.E.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34212

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 Nov 14 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

Jennifer Jones

Date

Nov 14 02

Daytime Phone #

941 -

747-8910

CP2E040 (8/02)

To Whom it may concern -

I do not have any record of receiving

the business report papers on this -

Please accept my payment of \$150.00

to re-enstate my corp.

Thank you -

Jennifer Jones

Also please change my
name to Jennifer Jones