

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000981

1. Corporation Name

JON'S TOMATOES, INC.

Principal Place of Business

3160 W BEAVER ST  
JACKSONVILLE FL 32254

Mailing Address

3160 W BEAVER ST  
JACKSONVILLE FL 32254

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

2. New Principal Office Address, If Applicable

272 Redfish Creek Dr  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

St. Aug. FL

City & State

Zip  
32095

Country  
St. Johns

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1998

5. FEI Number

59-3486822

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	WASSON, JONATHAN L	<del>110 WOOD CREST DR #122</del> 272 REDFISH CRK DR, ST AUGUSTINE	ST AUGUSTINE FL 32095
VD	WASSON, WALTER S	3090 LEWIS SPEEDWAY	ST AUGUSTINE FL 32095

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02/24/03--01089--017 \*\*\*900.00

8. Name and Address of Current Registered Agent

ALEXANDER, STEPHEN J ESQ.  
162 SAN MARCO AVE, STE 4  
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

JON WASSON

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

272 REDFISH CREEK DR

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32095

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

X

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2-20-03

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

2-20-03

Daytime Phone #

904-384-5539

CR2E040 (8/02)