

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 1:44

DOCUMENT # P98000007226

1. Corporation Name

J.C. ESTATE, INC.

Principal Place of Business

Mailing Address

4640 QUAIL ROOST RD
ST. CLOUD FL 34772

4640 QUAIL ROOST RD
ST. CLOUD FL 34772



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3491668

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	SMITH, MICHELLE	8000 KISSIMEE PARK RD. 700 ANDREW AVE, St Augustine, FL 32064	ST. CLOUD FL 34772
D	HENRY, VIRGINIA L	4640 QUAIL ROOST RD	ST. CLOUD FL 34772
D	CARROLL, CHRISTINE	847 HAWKSBILL ISLAND DR.	SATELLITE BEACH FL 32937
D	CARROLL, CHRISTINE	847 HAWKSBILL ISLAND DR.	SATELLITE BEACH FL 32937
			300003458003--2 -11/09/00--01012--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HENRY, VIRGINIA L
4640 QUAIL ROOST RD
ST. CLOUD FL 34772

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Virginia L. Henry - President
REGISTERED AGENT MUST SIGN

Date 10/17/00

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:

Virginia L. Henry - Virginia L. Henry - PRES. 10/17/00

Date

Daytime Phone #

407-
892-
8961

CR20040 (8/00)

October 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida

Attn: Department of State/Division of Corporations:

This letter is in reference to J.C. Estate Inc.,
Document # P98000007226 Annual Report;
Reinstatement.

I received notice that our corporation
was dissolved as of September 22, 2000.
I did not receive prior report forms
prior to October 10, 2000. The only
notification I received was on October
16, 2000 and that was the Certificate
of Administration; Dissolution or Revocation.
I filed for the previous year, 1999, on
time.

For some reason, either postal service
error or something, I did not receive
notification of any kind that this was
due.

I am requesting, at this time a one
time waiver due to this error and
hope that I do not encounter this
problem again.

Sincerely,
Virginia Henry
President of J.C. Estate, Inc.