

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN 27 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063991

1. Corporation Name

JO ANN ALLEN, INC.

Principal Place of Business

~~50 S.E. KINDRED STREET~~  
~~SUITE 107~~  
~~STUART FL 34994~~

Mailing Address

50 S.E. KINDRED STREET  
SUITE 107  
STUART FL 34994



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

2. New Principal Office Address, If Applicable

1004 S. U.S. 1  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1004 S. U.S. 1  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/1998

5. FEI Number

65-0441849

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	I. A. MASCIOLI	1804 S. OCEAN DR	FT. PIERCE, FLA 34947
Sec	MARY MASCIOLI	11 " " " "	" " " " 34947
			700003119097--1 -02/01/00--01107--023 ****150.00 ****150.00
			700003119097--1 -02/01/00--01107--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DOBBINS, KAREN M  
50 S.E. KINDRED STREET  
SUITE 107  
STUART FL 34994

9. Name and Address of New Registered Agent

Name  
I. A. MASCIOLI  
Street Address (P.O. Box Number is Not Acceptable)  
1004 S. U.S. 1  
Suite, Apt. #, Etc.

City  
FT. PIERCE

State  
FL

Zip Code  
34950

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

SIGNATURE REQUIRED

Date 1-18-00

REGISTERED AGENT MUST SIGN

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.

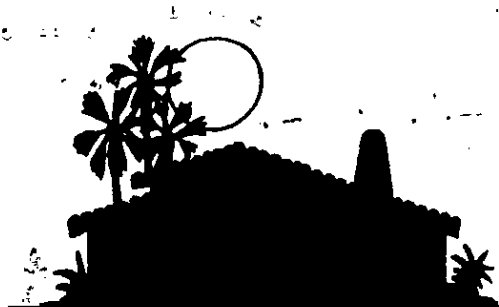
SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-99 (561) 461-4919  
Date Daytime Phone #

KE

CR2E040 (8/99)



**ALLEN**  
REAL ESTATE, INC.

I.A. "Mac" Mascioli  
Owner - Broker

November 3, 1999

2

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee Fl. 32314-6327

To whom it may concern,

Enclosed please find a check for 150.00 for filing fees for the corporation of Jo Ann Allen, Inc.

I just received my packet concerning this corporation. Please be informed that this packet was sent to Karen Dobbins who was the attorney at the time, but is no longer with the firm and they just forward it to me.

After speaking with your office this morning I was told to send the check along with an explanation as to why it was late.

Thank you for your cooperation in this matter.

Sincerely

I.A. Mascioli  
Broker/Owner

**HOME • INDUSTRIAL • COMMERCIAL • AGRICULTURAL**

1004 South U.S. #1 • Fort Pierce, Florida 34950  
(561) 461-4919 • (561) 461-4626 FAX • 1-800-355-4919

NOTE: THIS OFFERING SUBJECT TO ERRORS, OMISSIONS, PRIOR SALE OR WITHDRAWAL WITHOUT NOTICE

