

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN 29 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000066789

1. Corporation Name

J FIVE, INC.

2. Principal Office Address

3073 GULF BREEZE PKWY

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip

32561

Country

3. Mailing Office Address

3073 GULF BREEZE PARKWAY

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip

32561

Country

REINSTATEMENT

9980

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/20/1996

5. FEI Number

59-3527213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jennifer Boulton

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

3073 Gulf Breeze Parkway

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

700003312387-1
-07/05/00--01013--008
*****900.00 *****900.00

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

Jennifer Boulton
REGISTERED AGENT MUST SIGN

Date

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
P/D	JENNIFER BOULTON	3073 GULF BREEZE PARKWAY	GULF BREEZE, FL 32561
V/D	JEFFREY D. BOULTON	3073 GULF BREEZE PARKWAY	GULF BREEZE, FL 32561

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.

JENNIFER BOULTON

SIGNATURE:

Jennifer Boulton
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00

Date

Daytime Phone #

KE

CR2E081 (9/99)