

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 28 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

1560 JEG INC.

400004472044-5

07/13/01-01012-003

****900.00 ****900.00

2. Principal Office Address

1540 S. NOVA RD.
DAYTONA BCH. FL 32114
Suite, Apt. #, etc.

3. Mailing Office Address

611 TARRAGONA WY.
Suite, Apt. #, etc.

City & State

City & State

DAYTONA BCH. FL

Zip

Country

U.S.A.

Zip

Country

32114

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08-98

5. FEI Number

59-3526930

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 T. Greene

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

611 TARRAGONA WY.

Suite, Apt. #, Etc.

City

DAYTONA BCH.

State

FL

Zip Code

32114

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

X Jennifer T. Greene
REGISTERED AGENT MUST SIGN

Date

6-18-01

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
PRES.	Jennifer T. Greene	611 TARRAGONA WY. D.B. FL.	DAYTONA, FL 32114

REINSTATEMENT 00-01 TS

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.

SIGNATURE:

X Jennifer T. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-01

Date

386 255 0595

Daytime Phone #

CR2E081 (9/00)