

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000069139

1. Corporation Name

1560 JEG, Inc.

2. Principal Office Address

611 Tarragona Way

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Office Address

611 Tarragona Way

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

REINSTATEMENT 03-05

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

08/07/1998

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 Way

Suite, Apt. #, Etc.

City

Daytona Beach

State
FL

Zip Code
32114

800054208828
05/10/05--01045--020 **1045.00

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 T. Greene
REGISTERED AGENT MUST SIGN

Date 4-25-05

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
D/P/ S/T	Jason E. Greene	251 Wildwood Drive	New Smyrna Beach, FL 32168

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:

Jason E. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/05

Daytime Phone #

386 290 0385

CR2E081 (01/05)