

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098196

1. Corporation Name

Jonesville PARTNERS, Inc.

2. Principal Office Address - No P.O. Box #

14701 N. CR 241

Suite, Apt. #, etc.

City & State

ALACHUA, FLA

Zip

32615

Country

US

3. Mailing Office Address

P.O. Box 729

Suite, Apt. #, etc.

City & State

ALACHUA, FLA

Zip

32615

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

59-3546329

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

DONALD A. PADGETT

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

910A 3rd ST

Suite, Apt. #, Etc.

City

NEPTUNE BEACH

State

FL

Zip Code

32266

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

HAVE WRITTEN LETTERS
ON TWO OCCASIONS WITH NO RESPONSE

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

DONALD A. PADGETT

REGISTERED AGENT MUST SIGN

Date 4/30/09

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	Judith C Rembert	14701 NW CR 241	ALACHUA FLA 32615
VP	DAVIS M. Rembert	14701 NW CR 241	ALACHUA FLA 32615
TS	Donald A Padgett	910A 3rd ST	Nept Beach. FLA 32266

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 contained in Chapter 119, 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:

DONALD A. PADGETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/09

Date

904-249-1776

Daytime Phone #

FILED

09 MAY -6 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09

CR2E08T (12/08)

800155530298
05/06/09--01020--024 **750.00