

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000007960

1. Corporation Name

Jean Marie of Carrabelle Inc.

900005134229--4

-03/19/02--01044--021

****450.00 ****450.00

00-02

2. Principal Office Address

700 Marine Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 147

Suite, Apt. #, etc.

City & State

Carrabelle FL

City & State

Carrabelle FL

Zip

32322

Country

USA

Zip

32322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-99

5. FEL Number

59-3555902

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

F. Vance Millender

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

PO Box 1118 Hwy 67 Crooked Creek Road

Suite, Apt. #, Etc.

City

Carrabelle

State

FL

Zip Code

32322

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

[Signature]

Date

2-14-02

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>F. Vance Millender</u>	<u>Hwy 67 Crooked Creek Road</u>	<u>Carrabelle FL 32322</u>
<u>V. Pres</u>	<u>Johnny C. Millender</u>	<u>Hwy 67 Horse Shoe Drive</u>	<u>Carrabelle FL 32322</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-14-02

Daytime Phone #

850-697-3301

CR2E081 (9/01)

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To Dept.of State

From: Jean Marie of Carrabelle Inc.
P.O.Box 147 700 Marine Street
Carrabelle, Fl.32322

To Whom it May Concern:

This is in response to dissolution of the corporation Jean Marie. We did not receive the renewal application to renew this corporation. We believe the application was mailed to our street address, and was returned by the post office.

I am enclosing a check for \$450.00 to reinstate this corporation per conversation with this office.

Thank You


Farris Vance Millender