

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY 23 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023573

1. Corporation Name

JESSE SNELLGROVE INC.

Principal Place of Business

Mailing Address

2602 AMHURST CT. - wrong
CANTANA FL 33462 address

2602 AMHURST CT.
CANTANA FL 33462



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
BOYNTON BEACH, FL.

City & State

6-5-08-998-10

Not Applicable

Zip
33436

Country

Palm Bch.

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SNELLGROVE, JESSE	2602 AMHURST CT. Amherst	CANTANA FL 33462 33436 BOYNTON Bch. FL.
		201.25-AR	
		10.00-ARPTS	
		88.75-AR SUP	
			300004430233--6 -05/19/01--01081--010 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNELLGROVE, JESSE

2602 AMHURST CT. Amherst

CANTANA FL 33462 BOYNTON Bch. FL. 33436

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jesse Snellgrove

Date 1-29-01

REGISTERED AGENT MUST SIGN

11. 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:

Jesse Snellgrove President
JESSE SNELLGROVE

1-29-01/561-965-1990
Date Daytime Phone #

CR2E040 (8/00)

2082

Jesse Snellgrove , Inc.

2602 Amherst Court
Boynton Beach, Florida 33436

March 26, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FI 32314

Re: Corporation Reinstatement

Dear Sir or Madam:

The Applicant respectfully requests a waiver of the reinstatement fee typically required. At the time the reports were supposed to be attended to the Principal, Mr Snellgrove, was recovering from a heart attack. In addition, as you can see from the attached, the document was mailed to the incorrect address. Please accept the attached application and check for \$300.00.

Sincerely Yours,



Jesse Snellgrove
President