

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 99000035494**

1. Corporation Name

George Jenkins Graduation Night Inc.

2. Principal Office Address

6000 Lakeland Highlands Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

FL

Zip

33813

Country

USA

Zip

33813

Country

USA

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

4-14-1999

5. FEI Number

59-3569928

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

Paul R. Weaver

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

1050 Reflections Lake Loop

Suite, Apt. #, Etc.

City

Lakeland

05/05/04--01019--002 **308 75

100035443031
05/05/04--01019--002 **308 75

State

FL

Zip Code

33813

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

Date

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
D	Paul R. Weaver	1050 Reflections Lk. LP.	Lakeland, FL 33813
D	Sandra D. Weaver	1050 Reflections Lk. LP.	Lakeland, FL 33813

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:

Paul R. Weaver

Paul R. WEAVER

4/29/04

863-619-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

George Jenkins Graduation Night, Inc.

April 29, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: document number P99000035494

To Whom it May Concern,

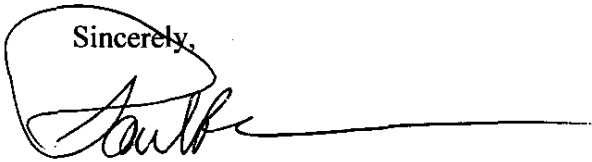
Attached please find our request for corporation reinstatement. By way of this letter we wish to request a waiver of the \$600 reinstatement fee because we did not receive the annual report form.

Please expedite our request as we are trying to conduct graduation activities next month.

If there are any questions I may be reached at (863) 604-1775.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Paul R. Weaver', with a long horizontal flourish extending to the right.

Paul R. Weaver
Director