

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR 30 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Three IN ONE of Jacksonville,
Inc.

799 00084979

700005501047--7

-05/09/02--01058--013

****300.00 ****300.00

2. Principal Office Address

3. Mailing Office Address

6690 Bowermill
Crescent Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL.

Zip

Country

Zip

Country

32809

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-99

5. FEI Number

59-3628122

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

Rodney Gregory, PA

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

3900 Atlantic Blvd.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32207

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]

REGISTERED AGENT MUST SIGN

Date

4-23-02

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	Tabitha Cooper	6690 Bowermill Crescent Dr.	Orlando, FL. 32809

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:

Tabitha Cooper / *Tabitha Cooper* 4-2-02 407 886-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

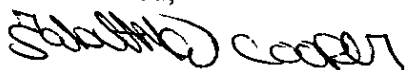
CR2E081 (9/01)

THREE IN ONE
(407)888-0075 OFFICE
(407) 858-0872 FAX

To Whom It May Concern:

I will like my fees waived for reinstatement due to the fact that Three In One Of Jacksonville did not receive our uniform business report ..

Thank You,

A handwritten signature in black ink, appearing to read 'Tabitha Cooper', written over a horizontal line.

Tabitha Cooper
President