

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

FILED

01 DEC 31 PM 4:20

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000109013

1. Corporation Name

JONZ INC

2. Principal Office Address

2908 SEVEN SPRINGS BLVD 2908 SEVEN SPRINGS BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34655

Country

USA

Zip

34655

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1999

5. FEI Number

59-3615035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

00-01

7. Name and Address of Current Registered Agent

Name

NAZIR ZINNA

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

2908 SEVEN SPRINGS BLVD

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

200004769872-3  
01/11/02-01050-012  
\*\*\*\*300.00 \*\*\*\*300.00

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

12/26/01

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/D	NAZIR ZINNA	2908 SEVEN SPRINGS BLVD	NEW PORT RICHEY, FL 34655

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

12/26/01

Daytime Phone #

CR2E081 (8/00)

20f2

JONZ INC  
2908 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

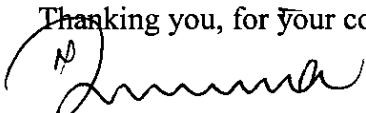
UBR 2001  
DOC # P 99000109013

We noticed from your site that our corporation is not active. We never knew about this earlier. We mailed you a check of \$300.00 April 2001, and we have not heard anything afterwards. Probably the mail sent by you was lost in transit, as there is a change in the address and location. As advised by you we are mailing the **form for reinstatement** with a check of \$300.00 for the years 2000 and 2001.

We request you to reinstate our corporation and waive any penalty, as we were not at fault. Please be considered as ours is a very small business and can not take any penalties when this economy is very bad.

Please note that there is a **change of address**.

Thanking you, for your cooperation.



Nazir Zinna  
President/Registered Agent  
December 26, 2001