

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V14144**

1. Corporation Name

JONATHAN'S PRIDE & JENNIFER'S TOO, INC.

Principal Place of Business

11924 FOREST HILL BLVD
WELLINGTON FL 33414
US

Mailing Address

15875 BRITTEN LANE
WELLINGTON FL 33414
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1992

5. FEI Number

05-0318171

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	BRACKMAN, STEPHEN	15875 BRITTEN LN	WELLINGTON FL

100003032681--2
-11/02/99--01077--017
****750.00 ****750.00

12/1/1

8. Name and Address of Current Registered Agent

JOHN FROELICH
13686 CALLINGTON DR
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name
GERI BRACKMAN
Street Address (P.O. Box Number is Not Acceptable)
15875 BRITTEN LANE
Suite, Apt. #, Etc.

City
WELLINGTON

State
FL

Zip Code
33414

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-20-99

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:

[Signature] STEPHEN BRACKMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-99

Daytime Phone #

561-795-1932

CR20040 (8/99)