

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V 20307			
1. Corporation Name JESSIE JAME CALCOI			
Principal Place of Business		Mailing Address	
5292 SWEETWATER Rd 20450 SPRINGS, FL. 33890		P.O. Box 1222 WAUCHULA, FL. 33873	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 3-9-1992			
5. FEI Number 65-0345885			
6. CERTIFICATE OF STATUS DESIRED ☐ \$0 fee. Additional fee required for 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	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	BONNIE W. JAMES	5292 SWEETWATER Rd.	20450 SPRINGS, FL. 33890
T	JESSIE F. JAMES	5292 SWEETWATER Rd.	20450 SPRINGS, FL. 33890
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JESSIE F. JAMES 5292 Sweetwater Rd. 20450 Springs, FL. 33890		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 Jessie F. James Date 8-19-97			
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)			
12. 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)(g), 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.			
BONNIE W. JAMES			
SIGNATURE: Bonnie W. James		8-19-97 (941) 735-8282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 93-97

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