

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 AM 10:53

DOCUMENT # P99000033849

1. Corporation Name

KEVIN M. JACOBSON, INC.

Principal Place of Business

Mailing Address

16120 NORTHGLENN DR.
TAMPA FL 33618

16120 NORTHGLENN DR.
TAMPA FL 33618



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JACOBSON, KEVIN	16120 NORTHGLENN DR.	TAMPA FL 33618
			100003465101--7
			-11/15/00--01114--002
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBSON, KEVIN
16120 NORTHGLENN DR.
TAMPA FL 33618

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

Kevin M. Jacobson
REGISTERED AGENT MUST SIGN

Date

10/23/00

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:

Kevin M. Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/00

CR2E040 (8/00)

④

Kevin Jacobson
16120 Northglenn Dr.
Tampa, FL 33618

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 23, 2000

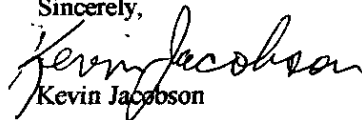
Division of Corporations:

I am responding to the recent certificate of dissolution of my corporation on September 22, 2000. It is my understanding that this happened because I failed to file the required annual report/uniform business report.

I never received this form at the specified time, so that is why I never filed the necessary report. Our neighborhood had problems with mail being lost/stolen earlier this year. This effected us for only a short time. That might be the cause for it.

I placed a call to your office on October 20, 2000, and spoke to Michelle (a representative), and was informed that I should write this letter of explanation. Also, I was informed that I should include the normal fee of \$150. I hope that the corporation can be returned to an active status under the circumstances. Please advise me as further as to what I need to do.

Sincerely,


Kevin Jacobson