

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 NOV -1 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 483504

**1. Corporation Name**

Jay's Five Corporation

**2. Principal Office Address**

183 Sunset Cay

**3. Mailing Office Address**

183 Sunset Cay

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34114

Country

USA

Zip

34114

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/27/75

**5. FEI Number**

59-1635263

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

JAMES O'Connell

100004702211

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

183 Sunset Cay

-12/03/01--01047--025

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

LS

City

NAPLES

State  
FL

Zip Code

34114

**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

10/30/01

**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
PRES	JAMES O'Connell	183 Sunset Cay	NAPLES FL 34114
SECT/ TREAS	GENEVIEVE O'Connell	" " "	" " "

**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]*

JAMES O'Connell

10/30/01

941-393-0657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #