

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 SEP 13 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 568664

1. Corporation Name Jerry's Cabinets of Collier County, Inc.

Principal Place of Business
1068 6th Ave. North
Naples, FL 33940

Mailing Address
Same

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

2. New Principal Office Address, If Applicable
4573 Enterprise Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
4573 Enterprise Ave.
Suite, Apt. #, etc.

City & State
Naples, FL 34104
Zip Country

City & State
Naples, FL 34104
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida
4/14/78

5. FEI Number
59-1860634

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Addition of 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P, V T	Gerald Michau	125 Plantation Circle	Naples, FL 34104
S	Lesley Tayacke	125 Plantation Circle	Naples, FL 34104

600002989276--1
09/17/99-01004-001
***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

Gerald Michau
1068 6th Ave. North
Naples, FL 33937

9. Name and Address of New Registered Agent

Name Naples - Lawdock, Inc.
Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail North
Suite, Apt. #, Etc.
Suite 300
City Naples State FL Zip Code 34103

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 as Vice-President
REGISTERED AGENT MUST SIGN

Date 9-2-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30. 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(5)(b), 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

Daytime Phone #

941-
Sept 2 1999 6432449

CR2001 (12/98)