

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -7 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 568664

1. Corporation Name

Jerry's Cabinets of Collier County, Inc.

2. Principal Office Address

4573 Enterprise Avenue

Suite, Apt. #, etc.

Unit A

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Office Address

4573 Enterprise Avenue

Suite, Apt. #, etc.

Unit A

City & State

Naples, FL

Zip

34104

Country

USA

REINSTATEMENT

00-02

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

04/14/78

5. FEI Number

591860634

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

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

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

Leo J. Salvatori, Vice President

Date **January 2, 2002**

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
Dir Pres VP Treas	Gerald Michau	125 Plantation Circle	Naples, FL 34104
Sec	Lesley Tayacke	125 Plantation Circle	Naples, FL 34104

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Michau

01/02/02

Date

941-643-2449

Daytime Phone #

CR2E081 (9/01)