

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 666468

1. Corporation Name

JEAN PROPERTIES CORPORATION

2. Principal Office Address - No P.O. Box #

100 North Main Street

Suite, Apt. #, etc.

103

City & State

Walworth, Wisconsin

Zip

53184

Country

United States

3. Mailing Office Address

Post Office Box 1058

Suite, Apt. #, etc.

City & State

Lake Geneva, Wisconsin

Zip

53147

Country

United States

**7. Name and Address of Current Registered Agent**

Name

Albert J. Tiede

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

2412 Lake Point Lane

Suite, Apt. #, Etc.

Clearwater, Florida

City

Clearwater

State

FL

Zip Code

33762

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

REGISTERED AGENT MUST SIGN

Date August 28, 2009

**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 Davis	615 Lake Shore Drive	Lake Geneva, WI 53147

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 contained in Chapter 119, 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:**

*James E. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 28, 2009

Date

262-745-1188

262-248-9515

Daytime Phone #

FILED

09 SEP 10 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700160407877  
09/08/09--01071--003 \*\*8.75  
700160407877  
09/08/09--01071--002 \*\*750.00

REINSTATEMENT

05-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

591989354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.