

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 12 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J44444

1. Corporation Name

ITEN ENTERPRISES - OF SOUTH WEST FLORIDA
INC

000008900950
11/12/02--01010--004 **923.75

2. Principal Office Address

1003-SE 12TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1003-SE 12TH AVE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

Country

33990 LEE

City & State

CAPE CORAL FL

Zip

Country

33990 LEE

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-276-8096

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

LARRY ITEN

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

3824-SE 7TH AVE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

11-4-2002

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
PRES	LARRY ITEN	3824-SE 7TH AVE	CAPE CORAL FL
SECRETREAS	BONNIE ITEN	SAME AS ABOVE	33904

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE-ITEN

Date

11-4-2002

Daytime Phone #

CR2E081 (9/01)