

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 19 AM 9:46

DOCUMENT # K32867

1. Corporation Name

ART JACOB AND ASSOCIATES, INC.

Principal Place of Business

2201 REGAL WAY  
NAPLES FL 33942  
US

Mailing Address

2201 REGAL WAY  
NAPLES FL 33942  
US

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

2. New Principal Office Address, If Applicable

2201 Regal Way  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2201 Regal Way  
Suite, Apt. #, etc.

City & State

NAPLES FL  
Zip 34110 Country

City & State

NAPLES FL  
Zip 34110 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/1988

5. FEI Number

65-0084727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional 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	4 City / State / Zip
PD	JACOB, DIANE	2201 REGAL WAY	NAPLES FL
VST	JACOB, ART	2201 REGAL WAY	NAPLES FL
D	JACOB, ART	2201 REGAL WAY	NAPLES FL

200003043322--9  
11/12/99 01113 010  
\*\*\*\*750.00 \*\*\*\*750.00

10/125

8. Name and Address of Current Registered Agent

CORSON, TEMPLE A  
100 91ST AVE  
TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Temple A Corson  
REGISTERED AGENT MUST SIGN

Date 10/14/99

11. 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)(l), 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:

Diane M. Jacob President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DIANE M JACOB

10/14/99  
Date

941-566-1887  
Daytime Phone #