

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M74579**

1. Corporation Name

JAMIE OF FORT MYERS, INC.

Principal Place of Business

Mailing Address

TCBY YOGURT
NAPLES FL ~~33942~~
US

TCBY YOGURT
5006 N AIRPORT RD
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1988

5. FEI Number

65-0043406

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DUPONT, JANET	4886 SANDLEWOOD LN 20700 PERSIMMON PL.	FT MYERS FL ESTERO, FL 33928
STD	HENSEN, JOYCE	9839 RED REEF CT	FT. MYERS FL
			700001975657--9 -10/15/96--01231--014 ****200.00 ****200.00
			Filed as A/R Mrs B M/S/10
			Reinstatement waived

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENSEN, JOSEPHINE
9839 RED REEF CT
FT. MYERS FL 33919

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

J. A. Hensen

REGISTERED AGENT MUST SIGN

Date

9/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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(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:

J. A. Hensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96

Date

941-263-8229

Daytime Phone #