

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 13 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29809

1. Corporation Name

Don Jacobs Center Property Owners Association, Inc.

2. Principal Office Address

13880 SW Tamiami Trail

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

(same)

Zip

Country

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

12-20-88

5. FEI Number

58-1846609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Jeffrey C. Shannon, Esquire

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

501 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 1700

City

Tampa

State

FL

Zip Code

33602

300008024283-4

-09/25/02--01080-025

****367.50 ****367.50

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

8-8-02

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
D	Jeffrey C. Shannon	501 E. Kennedy Blvd., #1700	Tampa, Florida 33602
D	Scott P. Andrew	501 E. Kennedy Blvd., #1700	Tampa, Florida 33602
D	Kevin D. Nelson	501 E. Kennedy Blvd., #1700	Tampa, Florida 33602

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

8-8-02

Date

(813) 228-7411

Daytime Phone #

Jeffrey C. Shannon

CR2E081 (9/01)