

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000002111

1. Corporation Name

JENSEN BEACH MAIN STREET, INC.

Principal Place of Business

Mailing Address

1930 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957  
US

1930 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34958  
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

05/03/1995

5. FEI Number

65-0580221

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/V	DE ANGELIS, KEN	3180 NE MAPLE AVENUE	JENSEN BEACH FL 34957
D/K	<del>GIRLINGHOUSE, JUDGE DAVID</del> PINNER KAY	<del>1930 NE JENSEN BEACH BLVD</del> 1999 NE Jensen Beach Blvd	JENSEN BEACH FL 34957
P	<del>FRANK, JERRY</del>	3330 NE INDIAN RIVER DR	JENSEN BEACH FL
T	FRANK, BRITT W.	750 S. FEDERAL HWY STE 321	STUART FL 34994
D/P	Trudel Robert R.	1897 Jensen Beach Blvd	Jensen Beach Fla 34957

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GIRLINGHOUSE, JUDGE D~~ Robert R. Trudel  
1930 NE JENSEN BEACH BLVD. 1897 Jensen Beach Blvd  
JENSEN BEACH FL 34957 Jensen Beach FLA 34957

Name Robert R. Trudel  
Street Address (P.O. Box Number is Not Acceptable) 1897 Jensen Beach Blvd  
Suite, Apt. #, Etc. Jensen Beach FLA  
City Jensen Beach FL State FL Zip Code 34957

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

*Robert R. Trudel*  
REGISTERED AGENT MUST SIGN

Date 10/25/00

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)(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:

*Robert R. Trudel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Trudel

Date

10/25/00

Daytime Phone #

400003468904--8

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\*\*\*\*183.75 \*\*\*\*183.75