

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050217

1. Corporation Name

JP HOME FINISHES, INC.

Principal Place of Business

1923 TRADE CENTER WAY
NAPLES FL 34109

Mailing Address

278 FAIRWAY CIRCLE
NAPLES FL 34110



REINSTATEMENT 02

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2000

Suite, Apt. #, etc.

870 109 Ave North

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34108

Country

Zip

Country

5. FEI Number

59-3646505

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	PEREZ, JAIME	278 FAIRWAY CIRCLE	NAPLES FL 34110

000008621020
10/28/02--01068--012 ***750.00

8. Name and Address of Current Registered Agent

PEREZ, JAMIE

1923 TRADE CENTER WAY

SUITE 1

NAPLES FL 34109

9. Name and Address of New Registered Agent

Name

Perez JAIME

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

870 109th Ave North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
JAIME PEREZ

REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

SIGNATURE REQUIRED
JAIME PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

(941) 694-9833

Daytime Phone #

11/4/02

CR2E040 (8/02)