

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN -5 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

01-02

**DOCUMENT #** P00000083274

**1. Corporation Name**

J & S INVESTMENTS OF SOUTHWEST FLORIDA, INC.

**2. Principal Office Address**

600 GOODLETTE RD N

**3. Mailing Office Address**

600 GOODLETTE RD N

Suite, Apt. #, etc.

Ste 110

Suite, Apt. #, etc.

Ste 110

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

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

09/01/00

**5. FEI Number**

59-3709900

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sofia McKee Woodbeck

100005822791--8

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

600 GOODLETTE RD N

06/18/02--01074--010

\*\*\*\$900.00 \*\*\*\$900.00

Suite, Apt. #, Etc.

Ste 110

City

Naples

State

FL

Zip Code

34102

CR2E081 (9/01)

**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

*Sofia McKee Woodbeck*  
REGISTERED AGENT MUST SIGN

Date 6/3/02

**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
P, D	Sofia McKee Woodbeck	600 GOODLETTE RD N #110	NAPLES, FL 34102

R900 Temp ID

**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:**

*Sofia McKee Woodbeck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SOFIA MCKEE WOODBECK

6/3/02

Date

(239) 263-0829

Daytime Phone #