

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086075

1. Corporation Name

Earlsfield, Inc.

2. Principal Office Address

7050 Winkler Road

Suite, Apt. #, etc.

#109

City & State

Fort Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

7050 Winkler Road

Suite, Apt. #, etc.

#109

City & State

Fort Myers, FL

Zip

33919

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/00

5. FEI Number

04-3750872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800016218549
04/17/03--01075--005 **900.00

7. Name and Address of Current Registered Agent

Name

Richard A. Jacobson

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

501 E. Kennedy Blvd., Ste. 1700

Suite, Apt. #, Etc.

Suite #1700

City

Tampa

State

FL

Zip Code

33602

REINSTATEMENT 02-03

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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

4/8/03

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
DPST	Gary C. Young	7050 Winkler Road, Ste. 109	Ft. Myers, FL 33919
AS	Richard A. Jacobson	501 E. Kennedy Blvd., Ste. 1700, Tampa, FL 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:

Richard A. Jacobson, Asst. Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

813/222-1159

Daytime Phone #

CR2E081 (10/02)