

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100041994

1. Corporation Name

JAMES H. WHITAKER, INC.

2. Principal Office Address

2311 DELLA DRIVE

Suite, Apt. #, etc.

NAPLES

City & State

FLA

Zip

34117

Country

U.S.A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

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

4-25-01

5. FEI Number

59-3710360

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

LEWALT Consulting Group, INC.

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

3160 LA COSTA Circle

Suite, Apt. #, Etc.

#203

City

NAPLES

10/15/03--01003--002 **150.00

300023798179

10/15/03--01003--002 **150.00

State

FL

Zip Code

34117

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

Date

REGISTERED AGENT MUST SIGN

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	James H WHITAKER	2311 DELLA DR.	NAPLES, FLA 34117
Dr.	Lukas L. ZOEIENER	2311 DELLA DR.	NAPLES, FL. 34117

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:

JAMES H. WHITAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03(239)352-4190

CP2E081 (10/02)

OCTOBER 8, 2003

Justin M. Shivers, Document Specialist

Florida Department of State Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Subject: James H. Whitaker, Inc.
Ref. number: P01000041994

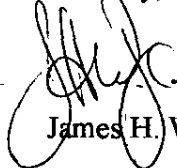
In Re: Your letter # 003A00053747, copy enclosed

Mr. Justin M. Shivers, Enclosed is the completed application "Corporation Reinstatement" and I am returning my check to you in the sum of \$150.00, for the following reasons.

I was unaware that my corporation was Inactive. It is evident that my registered agent did not file my UBR form and I never received a copy from them. I have not had any contact with them for more than a year. I learned that my corporation was Inactive thru my attorney, during a meeting, on September 23, 2003. After this meeting, I checked my files and could only locate the UBR form filed with your office, dated May 1, 2002. Since I did not have a UBR form, I mailed the check to you for \$150.00. I would of included the form if I had one. I even researched the Florida State web site for the UBR form but did not locate one. I did not find a blank one on the internet either. I am requesting that you reinstate my corporation and waive the late fee for the reasons stated above.

Your letter states that you had received my document and check and were returning them to me. I did not send a document and the only item returned were my check and envelope.

Sincerely,



James H. Whitaker