

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1072

06 APR -3 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000043503**

1. Corporation Name

JANE'S SUN COAST WORKS, INC.

REINSTATEMENT

04-06 Doc

2. Principal Office Address

3133 59th St.

3. Mailing Office Address

3133 59th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34243

Country

SARASOTA

Zip

34243

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651148232

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

JANE A. PAQUETTE

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

3133 59th St.

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34243

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

J. Paquette
REGISTERED AGENT MUST SIGN

Date **3.8.2006**

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	JANE A. PAQUETTE	3133 59th St.	SARASOTA, FL 34243

800070300778
04/13/06--01016--002 **300.00

800070300778
04/13/06--01016--003 **150.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.2006

Date

9412845864

Daytime Phone #

2072

JANE'S SUN COAST WORKS, INC.

March 28, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam;

This requests reinstatement of Jane's Sun Coast Works, Inc. at the normal corporate annual report-filing fee as the annual report notice was never received. The corporation was automatically inactivated October 1, 2004.

The attached documentations shows a change of address was requested and recorded with the April 28, 2003 8:00am filing. The address recorded was 3233 59th St. versus the correct address shown on the 2003 UBR of 3133 59th St.

\$450.00 is enclosed (check number 5041 in the amount of \$300.00 and check number 5054 in the amount of \$150.00) is enclosed as payment.

Please contact me if you have any questions.

Sincerely,



Jane A. Paquette
President

P.S. I would have submitted the 2006 Annual Report Form with this letter however, per the download web page, I can not obtain a form until the corporation is active.