

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 OCT 21 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000056968

**1. Corporation Name**

J. R. RAMM, LIMITED, INC.

3000008443623--4

-10/18/02--01035--004

\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT** 02

**2. Principal Office Address**  
5546 10th Ave.

**3. Mailing Office Address**  
P.O. Box 61343

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Fort Myers, FL 33907

**City & State**  
Fort Myers, FL

**Zip**  
33907

**Country**  
USA

**Zip**  
33906-1343

**Country**  
USA

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

5/1/01

**5. FEI Number**  
02-0556542

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**

Ray Paul Carlson

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

5546 Tenth Ave., Fort Myers, FL 33907

Suite, Apt. #, Etc.

**City**  
Fort Myers

**State**  
FL

**Zip Code**  
33907

**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** October 17, 2002

**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
D/P/S/ T	Ray P. Carlson	5546 10th Ave.	Fort Myers, FL 33907
VP	Don P. Carlson	16307 Horizon Rd.	North Fort Myers, FL 33917

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 17, 2002

Date

Daytime Phone #

994-4563

js 10/23/02

**PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P.**

A FLORIDA LIMITED LIABILITY PARTNERSHIP

ATTORNEYS AND COUNSELORS AT LAW

<http://paveselaw.com>

4635 S. DEL PRADO BLVD.  
CAPE CORAL, FLORIDA 33904

POST OFFICE BOX 100088  
CAPE CORAL, FLORIDA 33910-0088

(239) or (941) 542-3148  
FAX (239) or (941) 542-8953

**MICHAEL A. GENNARO**  
[michaelgennaro@paveselaw.com](mailto:michaelgennaro@paveselaw.com)

PLEASE REPLY TO  
CAPE CORAL OFFICE

October 17, 2002

Secretary of State  
Division of Corporations  
Attn: Reinstatement Section  
409 E. Gaines Street  
Tallahassee, Florida 32399

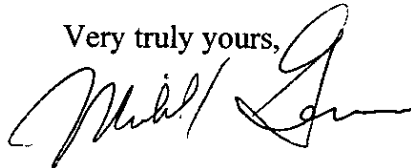
**RE: J. R. RAMM LIMITED, INC.**

Dear Sir/Madam:

Pursuant to telephone conversation with your office, enclosed is an Application for Reinstatement, together a check in the amount of \$750.00.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Michael A. Gennaro

MAG/jms  
Encls.