

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 15 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061089

1. Corporation Name

JET FORCE OF NAPLES, INC.

Principal Place of Business

Mailing Address

~~2303 KIRKWOOD AVE  
NAPLES FL 34112~~

~~2303 KIRKWOOD AVE  
NAPLES FL 34112~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2303 Kirkwood Ave~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~2303 Kirkwood Ave~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2001

5. FEI Number

59-3734146

Applied For

Not Applicable

City & State

Naples, FL 34112

City & State

Naples, FL 34112

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
BP	WARING, ROBERT J	1547 BEMBURY	NAPLES FL 34102
V	McDonald Stephanie J	93 9th ST N Bonita Springs	34134

000009012560  
11/15/02--01006--013 \*\*150.00

8. Name and Address of Current Registered Agent

SIESKY, JAMES H  
C/O SIESKY, PILON & WOOD  
1000 NORTH TAMiami TRAIL STE 201  
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

Rob Waring

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

93 9th Street

Suite, Apt. #, Etc.

Nap Bonita Springs

City

State

FL

Zip Code

34134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-5-02

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-02 9412619935

CR2E040 (8/02)

November 4, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

---

To whom it may concern:

I would like to reinstate Jet Force of Naples, Inc to active status. My corporation did not receive the two prior UBR notices from your office. I believe the error occurred because my business address in incorrect on your form. My correct address is 2303 Kirkwood Ave in Naples , Florida. I would like to have the reinstatement fee waived for this reason.

Sincerely,

A handwritten signature in black ink, appearing to read "Rob Waring", written in a cursive style.

Rob Waring  
Jet Force of Naples, Inc

---