

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1072
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -1 AM 8:00

DOCUMENT # P02000014823

1. Corporation Name

JARMA, INC.

2. Principal Office Address

16681 MCGREGOR BLVD

Suite, Apt. #, etc.

301-302

City & State

FORT MYERS, FL

Zip

33908

Country

UNITED STATES

3. Mailing Office Address

16681 MCGREGOR BLVD

Suite, Apt. #, etc.

301-302

City & State

FORT MYERS, FL

Zip

33908

Country

UNITED STATES

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida FEBRUARY 8, 2002

5. FEI Number

65-0414727

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

JAMES A. CHOUINARD

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

9541 CYPRESS LAKE DRIVE

Suite, Apt. #, Etc.

SUITE 5

City

FORT MYERS

State

FL

Zip Code

33919

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

2-19-04

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
PD	WILLIAM JARVIS	16681 MCGREGOR BLVD	FORT MYERS, FL 33908

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:

WILLIAM R JARVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-04 239 470 7879

Daytime Phone #

CR2E081 (01/04)

Attachment 292

#P0200014823

JARMA, INC.
16681 MCGREGOR BLVD 301-302
FORT MYERS, FL 33908
239-482-7827

February 19, 2004

Florida Department of State
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing this letter concerning the late fee and dissolution of the above referenced corporation. Our office did not receive the notice and we are requesting the late fees, and the reinstatement fees to be waived. Our address has not changed and we don't understand why we did not receive the notice. Please accept this and our fee of \$300.00.

Thank you for your cooperation

Sincerely,

William Jarvis
President

William Jarvis
President