

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023098

1. Corporation Name

J & S Lakeside Marine, Inc.

2. Principal Office Address

9331 Windlake Drive

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

33912

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

33912

Country

USA

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

2/25/02

5. FEI Number

46-0468680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Jeffrey Thomas

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

9331 Windlake Drive

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33912

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

Jeffrey Thomas
REGISTERED AGENT MUST SIGN

Date

1/27/05

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	Jeffrey Thomas	9331 Windlake Drive	Ft. Myers, Florida 33912
S	Jeffrey Thomas	9331 Windlake Drive	Ft. Myers, Florida 33912

300045601419

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

Jeffrey Thomas Jeffrey Thomas

Date

1/27/05 239-849-0123

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 171621 81374A

AUTHORIZATION : Patricia Pizutto

COST LIMIT : \$ 1058.75

ORDER DATE : January 28, 2005

ORDER TIME : 11:11 AM

ORDER NO. : 171621-005

CUSTOMER NO: 81374A

CUSTOMER: Ms. Siobhan HersHKovitz
Richard T. Donato, P.a.
7700 Davie Road Extension

Hollywood, FL 33024

RECEIVED
05 JAN 28 PM 12:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: J & S LAKESIDE MARINE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____