

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 14 AM 8:00

DOCUMENT # **P02000030999**

1. Corporation Name

CHRISTER JANSSON, P.A.

Principal Place of Business

Mailing Address

6466 BIRCHWOOD CT.
NAPLES FL 34109

6466 BIRCHWOOD CT.
NAPLES FL 34109

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2002

5. FEI Number

Applied For

Not Applicable

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 |
|---------------|---|--|-------------------------|
| PSVT | JANSSON, CHRISTER | 6466 BIRCHWOOD CT. | NAPLES FL 34109 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JANSSON, CHRISTER
6466 BIRCHWOOD CT.
NAPLES FL 34109

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/09/03 239-285-1057

CH2E040 (7/03)

October 9, 2003

To: Florida Department of State
Steve

From: Christer Jansson, P.A.
P.O. Box 8325
Naples, FL 34101

Re: Reinstatement document # P02000030999

I have never received any renewal form until yesterday October 8, 2003 when I received this application for reinstatement.

Releasing that we have mail delivery problems I like to use my P.O. Box 8325 for all future communications, Steve at your department asked me to send in the \$100.00 and that everything will be fine.

Tank You!



CHRISTER JANSSON
P.O. BOX 8325
NAPLES, FL 34101
TEL: 239.434.1111
FAX: 239.434.1112
WWW.CHJANSSON.COM