


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
07 JUN -1 AM 11:18  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P020000039574

1. Corporation Name  
JENSEN + SKUBNA, Inc.

2. Principal Office Address - No P.O. Box # <u>118 3RD STREET, SW</u>		3. Mailing Office Address <u>548 LAKE DEXTER BLVD.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>WINTER HAVEN, FL</u>		City & State <u>WINTER HAVEN, FL</u>	
Zip <u>33880</u>	Country <u>POLK</u>	Zip <u>33884</u>	Country <u>POLK</u>

**REINSTATEMENT 05-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 04/11/2002

5. FEI Number 75-3049677

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JESSIE SKUBNA

Street Address (P.O. Box Number is Not Acceptable)  
548 LAKE DEXTER BLVD.

Suite, Apt. #, Etc.

City WINTER HAVEN State FL Zip Code 33884

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Jessie Skubna Date 5/24/07

REGISTERED AGENT MUST SIGN

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	STEVE JENSEN	548 LAKE DEXTER BLVD	WINTER HAVEN, FL 33884
V	JESSIE SKUBNA	548 LAKE DEXTER BLVD	WINTER HAVEN, FL 33884
S	MARY JENSEN	548 LAKE DEXTER BLVD	WINTER HAVEN, FL 33884
T	JESSIE SKUBNA	548 LAKE DEXTER BLVD	WINTER HAVEN, FL 33884

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 contained in Chapter 119, 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: Jessie Skubna Jessie Skubna (863) 221-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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