

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

04 JUN -4 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000050556**

1. Corporation Name

JSG FLORIDA INVESTMENT, INC.

Principal Place of Business

Mailing Address

8818 BANYAN COVE CIRCLE
FORT MYERS FL 33919

8818 BANYAN COVE CIRCLE
FORT MYERS FL 33919



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

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2002

Suite, Apt. #, etc.

12360 McGREGOR Palms DR.

Suite, Apt. #, etc.

12360 McGREGOR Palms DR.

City & State

FORT MYERS, FL.

City & State

FORT MYERS, FL.

Zip

33908

Country

Lee

Zip

33908

Country

Lee

5. FEI Number

01-0698680

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JIPSON, MIKE R	8818 BANYAN COVE CIRCLE 12360 McGREGOR Palms DR.	FORT MYERS FL 33919 33908
D	SCHAEFFER, PAUL	13224 HAMPTON PARK COURT	FORT MYERS FL 33913
D	GERLICH, ANDREA	2124 SW 5HT AVENUE	CAPE CORAL FL 33991

900037436239
06/01/04--01010--010 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEEMANN, ERNEST A ESQ.
1105 CAPE CORAL PARKWAY
SUITE C
CAPE CORAL FL 33904

Name

Mike R. Jipson

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

12360 McGREGOR Palms DR.

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33908

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

Michael R. Jipson

REGISTERED AGENT MUST SIGN

Date

5/24/04

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:

Michael R. Jipson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04 239-274-2316
Date Daytime Phone #

CR2E040 (7/03)