

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 AM 10:43

DOCUMENT # P02000059603

1. Corporation Name

JAKSICH ENTERPRISES INC.

300162765833
11/12/09--01037--019 **150.00

300162765833
12/09/09--01037--019 **150.00

2. Principal Office Address- No P.O. Box #

1625 GULF SHORE BLVD S. 1625 GULF SHORE BLVD S.

3. Mailing Office Address

1625 GULF SHORE BLVD S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2002

City & State

NAPLES, FL 34102

City & State

NAPLES, FL 34102

5. FEI Number

030451508

Applied For

Not Applicable

Zip

Country

34102

Zip

Country

34102

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROGER MILLER

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

223 DOLPHIN COVE CT.

Suite, Apt. #, Etc.

City

DOVITA SPRINGS

State

FL

Zip Code

34134



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 section 617.0503, F.S.

Signature of
Registered Agent

Roger Miller

REGISTERED AGENT MUST SIGN

Date

10/6/09

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
D	NICHOLAS M. JAKSICH	1625 GULF SHORE BLVD S.	NAPLES, FL 34102

REINSTATEMENT 08-09 KS

10. E-mail Address: NM.Jaksich@yahoo.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Nicholas Jaksich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-2009

Date

Daytime Phone#