

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
03 NOV 14 PM 7: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000085328**

**1. Corporation Name**

JOSEPH CHARLERY ENTERPRISES, INC

**2. Principal Office Address**

950 29TH ST SW

Suite, Apt. #, etc.

**City & State**

NAPLES, FL

**Zip**

34117

**Country**

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

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

08/07/2002

**5. FEI Number**

71-0898097

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

EDWARDS, DIAN M

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

1852 40TH TERRACE SW

**Suite, Apt. #, Etc.**

SUITE#B

**City**

NAPLES

**State**

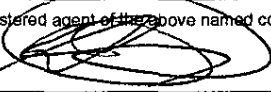
FL

**Zip Code**

34116

**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**



**Date** 11/04/2003

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	CHARLERY, JOSEPH	950 29TH ST SW	NAPLES, 34117

**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)(l), 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**

11-4-2003

**Daytime Phone #**

239-352-4221

CR2E081 (10/02)

# APPLICATION FOR RE-ISSUANCE OF NOTICE OF ELECTION TO BE EXEMPT

(CONSTRUCTION INDUSTRY ONLY)

Please use this application to apply for a re-issuance of an active construction industry exemption under the new law effective 01-01-2004. THERE IS NO FEE OR CHARGE FOR RE-ISSUANCE OF AN EXEMPTION.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Certain documentation is required by law to be attached to this application. Please refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

## SECTION 1: APPLICANT INFORMATION

Name of Applicant: <u>JOSEPH CHARLERY</u>	Social Security #: <u>580-23-8263</u>	Current Exemption Expiration Date:
Mailing Address: <u>950 29TH ST SW</u>	City: <u>NAPLES</u>	State: <u>FL</u>
County: <u>COLLIER</u>	Phone #: <u>(1) 239 352-4021</u>	Zip: <u>34117</u>
Scope of Business or Trade: Please List your primary business or trade. This Exemption is applicable only to the trade or business listed:		

## SECTION 2: CORPORATE INFORMATION

Name of Corporation: JOSEPH CHARLERY ENTERPRISES, INC

Corporation Registration Number: P02000085328 FEIN: 71-0898097

## SECTION 3: LICENSES

Certified or Registered Licenses held by the applicant pursuant to Chapter 489, F.S. X

## SECTION 4: AFFILIATED CORPORATIONS (attached an additional sheet if needed)

1. Corporate Name:	FEIN:	DOC Number
2. Corporate Name:	FEIN:	DOC Number
3. Corporate Name:	FEIN:	DOC Number
4. Corporate Name:	FEIN:	DOC Number
5. Corporate Name:	FEIN:	DOC Number

## SECTION 5: DOCUMENTATION REQUIRED TO BE ATTACHED TO THIS APPLICATION

1. A stock certificate evidencing at least 10 percent ownership of the corporation
2. A copy of the relevant occupational license issued in the primary jurisdiction of the business

**AFFIDAVIT OF APPLICANT:** Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. I hereby certify that the information contained herein is true and correct.

JOSEPH CHARLERY

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

\* Joseph Charlery  
APPLICANT'S SIGNATURE

11 / 04 / 2003  
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF COLLIER

Sworn to and subscribed before me this 4 day of NOV 2003 by JOSEPH CHARLERY

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

NOTARY SIGNATURE June M. Edwards My Commission Expires \_\_\_\_\_

Workers' Compensation Information Online - <http://www.fldfs.com>



June M. Edwards  
Commission # DD100387  
Expires March 14, 2006  
Bonded Thru

**ALPHA ACCOUNTING SERVICES, INC**  
**1852-B 40<sup>TH</sup> TERRACE SW**  
**NAPLES, FL 34116**  
**TEL#239-455-3047 FAX# 239-455-5133**

November 4, 2003

To Whom It May Concern:

Division of Corporations  
Uniform Business Report-filing  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam

RE: JOSEPH CHARLERY ENTERPRISES INC.-P02000085328

This letter is to notify you that this Corporation did not received a renewal notice of the original form in January 2003. Therefore, we have downloaded a copy of the renewal form from the Internet on behalf of our Client, for submission.

Please find enclose a check in the sum of \$150.00 for the renewal of this Corporation.

Yours truly,



Dian Edwards  
Accountant

Enc.