

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 PM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085328

1. Corporation Name

JOSEPH CHARLERY ENTERPRISES, INC

000024718370
11/14/03--01079--006 **150.00

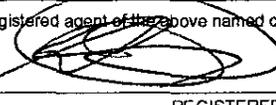
2. Principal Office Address 950 29TH ST SW		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State	
Zip 34117	Country USA	Zip	Country

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 <input type="checkbox"/> \$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)(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:  11-4-2003 239-352-4221

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

CR2E081 (10/02)

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

(CONSTRUCTION INDUSTRY ONLY)

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

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.

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>	Zip: <u>34117</u>
County: <u>COLLIER</u>	Phone #: <u>(1) 239-352-4001</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 _____

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

ALPHA ACCOUNTING SERVICES, INC
1852-B 40TH 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.