

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
Oct 28, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P02000117341**

1. Corporation Name

LINDA'S JUNGLE CAFE INC.

Principal Place of Business

**2060 17TH STREET SW
NAPLES FL 34117**

Mailing Address

**2060 17TH STREET SW
NAPLES FL 34117**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WATSON, LINDA	2060 17TH STREET SW	NAPLES FL 34117
D	WATSON, DAVID	2060 17TH STREET SW	NAPLES FL 34117

400024253594
10/29/03--01053--024 **150.00

8. Name and Address of Current Registered Agent

**WATSON, LINDA
2060 17TH STREET SW
NAPLES FL 34117**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Linda Watson

REGISTERED AGENT MUST SIGN

Date **OCT 25-03**

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:

Paul Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/03

Daytime Phone #

CR20040 (7/03)

JOHN C. JOANIDES

CERTIFIED PUBLIC ACCOUNTANT

2681 Airport Road South, Suite C-101 ~ Naples, Florida 34112

Tel: (239) 262-5204

Fax: (239) 262-2727

EMAIL: jjoanides@earthlink.net

October 15, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Linda's Jungle Café Inc.
P02000117341

To Whom It May Concern:

Enclosed please find a reinstatement form for the above corporation. My client did not receive the initial form, or subsequent forms, and therefore was unable to file timely. Kindly wave the penalty as the reason for late file was non-receipt of the form.

Thank you for your cooperation in the matter.

Sincerely Yours,

John C. Joanides