

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P02000119962

1. Entity Name

JEL HOME WELLNESS, INC.



FILED

05 OCT 28 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13971 N. Cleveland Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 17

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Ft. Myers, Florida

City & State

4. FEI Number

542081816

Applied For

Not Applicable

Zip

33903

Country

United States

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City Miami

FL

Zip Code
33145

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SPIEGEL & UTRERA, P.A.

SIGNATURE

By: *Natalia Utrera* / *M. 7.*

Natalia Utrera, Vice President

Signature, typed or printed name of registered agent; no fee if applicable

(NOTE: Registered Agent signature required w/ on reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD Jerry E. Lavan
13971 N. Cleveland Avenue, Suite 17
N. Ft. Myers, Florida 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800061250768
11/08/05--01028--008 **300.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-05

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF LEE)

1. Jerry E. Levan is the President of JEL HOME WELLNESS, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on 1 October 2004.
3. That the Corporation failed to file its 2004, 2005 Annual Report or pay the 2004, 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2004, 2005 Annual Report fees and the filing of its 2004, 2005 Annual Reports, which are presented simultaneously with this Affidavit.
5. JEL HOME WELLNESS, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

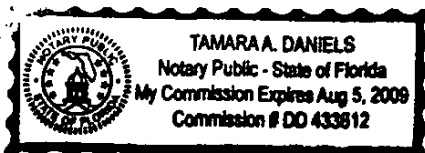
Dated: 20 day of October, 2005

FURTHER, AFFIANT SAYETH NOT

JEL HOME WELLNESS, INC

By: [Signature]
Jerry E. Levan, President

SWORN AND SUBSCRIBED
before me this 20 day of October, 2005



[Signature]
Notary Public, State of Florida at Large
Printed Name: Tamara A. Daniels
Commission Expires: 08-05-09