

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -2 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000122128*

1. Corporation Name

JJN SERVICES OF COLLIER, INC
6017 PINE RIDGE ROAD #306
NAPLES, FL 34119

2. Principal Office Address

6017 PINE RIDGE ROAD

Suite, Apt. #, etc.

306

City & State

NAPLES, FL

Zip

34119

Country

3. Mailing Office Address

6017 PINE RIDGE ROAD

Suite, Apt. #, etc.

306

City & State

NAPLES, FL

Zip

34119

Country

REINSTATEMENT *03-05*
08/18/03 90172 095 \$150.00
05/10/04 01105 003 \$350.00

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

11/15/2002

5. FEI Number

14-1855900

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

DIAN M EDWARDS

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

1852 40TH TERR SW

Suite, Apt. #, Etc.

B

City

NAPLES

State

FL

Zip Code

34119

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

REGISTERED AGENT MUST SIGN

Date 04/07/2005

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	MARGARITA MURILLO	611 25TH ST SW	NAPLES, FL 34117
VP	PABLO MURILLO	611 25TH ST SW	NAPLES, FL 34117

400058696944
*08/17/05--01043--023 **150.00*
400058696944
*08/17/05--01043--023 **400.00*

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:

Margarita Murillo *Margarita Murillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2005

Date

239-352-6175

Daytime Phone #

CR2E061 (01/05)