

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000059266

1. Entity Name  
OUT OF COURT SETTLEMENT, INC.



FILED

04 NOV -3 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2222 SECOND STREET  
FT MYERS, FL 33901

Mailing Address  
2222 SECOND STREET  
FT MYERS, FL 33901

2. Principal Place of Business

7800 University Pointe Dr.  
Suite 200

3. Mailing Address

7800 University Pointe Dr.  
Suite 200

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip 33901 Country USA

Zip 33901 Country USA

10212004 REIN-P CR2E098 (6/04)

4. FEI Number  
55-0835881

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JURSINSKI, KEVIN F  
2222 SECOND STREET  
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name Darlene Jursinski  
Street Address (P.O. Box Number is Not Acceptable)  
7800 University Pointe Drive  
Suite 200  
City Fort Myers FL Zip Code 33907

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.

SIGNATURE

*Darlene Jursinski*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/22/04  
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JURINSKI, KEVIN F  
STREET ADDRESS 2222 SECOND STREET  
CITY-ST-ZIP FT MYERS, FL 33901 ☒ Delete

TITLE ~~Pres. Dir.~~  
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE   
NAME   
STREET ADDRESS 000042436140  
CITY-ST-ZIP 11/03/04--01031--021 \*\*150.00 ☐ Change ☐ Addition

TITLE Pres. Dir  
NAME Darlene K. Jursinski  
STREET ADDRESS 7800 University Pointe Dr, Ste 200  
CITY-ST-ZIP Fort Myers, FL 33907 ☐ Change ☒ Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Darlene Jursinski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/04 (239) 332-7338  
Date Daytime Phone #