

APPROVED AND FILED

06 DEC 29 PM 5:48

2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # P03000153226			
1. Entity Name PETER JACOBSEN ENTERPRISES, INC.			
Principal Place of Business 3461 BONITA BAY BLVD., BLDG. "B" BONITA SPRINGS, FL 34134		Mailing Address 3461 BONITA BAY BLVD., BLDG. "B" BONITA SPRINGS, FL 34134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0588788		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of obtaining its registered office or business address in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Barbara A. Burke</u> Special Assistant Secretary 12/20/06			
FILE NUMBER FEE IS \$100.00 After January 1, 2007, Fee will be \$200.00		In accordance with s. 607.185(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JACOBSEN, PETER E 27560 MARINE ISLE COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBSEN, JAN D 27560 MARINE ISLE COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 710, 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, trustee or assignee 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 and all other like empowered.			
SIGNATURE: <u>Peter Jacobsen</u>		Peter Jacobsen 12/20/06	

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CORPORATION REINSTATEMENT

PETER JACOBSEN ENTERPRISES, INC.

Certificate of Status	0
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\$ 150.⁰⁰

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