

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000112844**

1. Entity Name  
**JEFFREY G. OAKES, INC.**



FILED

05 NOV 14 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**415 E CORNELIUS CIRCLE  
SARASOTA, FL 34232-1518**

Mailing Address  
**415 E CORNELIUS CIRCLE  
SARASOTA, FL 34232-1518**

2. Principal Place of Business  
**2845 Nouna St**

3. Mailing Address  
**2845 Nouna St**

Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34237**

Country  
**FLORIDA**

Zip  
**34237**

Country  
**FLORIDA**

10172005 REIN-P CR2E098 (6/04)

4. FEI Number  
**11A**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLON, STEVEN  
413 BAYSIDE LANE  
NOKOMIS, FL 34275**

7. Name and Address of New Registered Agent  
Name  
**JEFFREY G. OAKES**  
Street Address (P.O. Box Number is Not Acceptable)  
**2845 Nouna St**  
City  
**SARASOTA** FL Zip Code  
**34237**

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 **[Signature]** DATE **9-1-377-1496**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.**  
**After January 1, 2006, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P OAKES, JEFFREY G 415 E CORNELIUS CIRCLE SARASOTA, FL 342321518</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2845 Nouna St SARASOTA FL 34237</b> <input checked="" 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	<b>10/19/05-01056-005 \$150.00</b> <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	<b>[Signature]</b> <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 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: **[Signature]** DATE **11-7-05** DAYTIME PHONE # **941-650-5201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR