

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 NOV 24 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P30517**

1. Corporation Name

**JIM COLOSIMO, INC., P.C.**

Principal Place of Business

4099 TAMiami TRAIL NORTH  
NAPLES FL 33940

Mailing Address

4099 TAMiami TRAIL NORTH  
NAPLES FL 33940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4099 Tamiami Trail N

Suite, Apt. #, etc.  
Suite 305

City & State  
Naples FL

Zip Country  
34103 USA

3. New Mailing Office Address, If Applicable

4099 Tamiami Trail N

Suite, Apt. #, etc.  
Suite 305

City & State  
Naples FL

Zip Country  
34103 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/1990

5. FEI Number

25-1097342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COLOSIMO, JAMES R.	6825 GRENADIER BLVD., #2001	NAPLES FL 33963
STD	COLOSIMO, KAREN R	6825 GRENADIER BLVD., #2001	NAPLES FL 33963

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

ECKERTY, THOMAS G., ESQ.  
12734 KENWOOD LANE, SUITE 89  
FT. MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

400002358344-2

Suite, Apt. #, Etc.

11/26/97-01092-013

\*\*\*\*750.00 \*\*\*\*750.00

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Thomas G. Eckerty*

REGISTERED AGENT MUST SIGN

Date 11/19/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

*Jim R. Colosimo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/97 941-262-3034

Date

Daytime Phone #

CR2E040 (8/97)