

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 25 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019525

1. Corporation Name

JOVO INCORPORATED

Principal Place of Business

1815 VIGNES ST.
LEHIGH ACRES FL 33936

Mailing Address

PO 1541
LEHIGH ACRES FL 33970

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1994

5. FEI Number

65-0477484

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	4 City / State / Zip
P	VOLGGER, JOSEF	STANGE 6/C I-39040 RATSCHINGS	ITALY
VP	VOLGGER, EGON	STANGE 6/C I-39040 RATSCHINGS	ITALY
			LS
			10000315.7291--9
			-03/03/00--01113--014
			****750.00 ****750.00
			7/22/99 90005/012

8. Name and Address of Current Registered Agent

GUDRUN M. NICKEL, P.A.
350 5TH AVE S
#200
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

Josef Volgger

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

1815 Vignes St P.O. 1541

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33970

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

Josef Volgger

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

Josef Volgger

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/22/99 90005 012 150.00

CR2E040 (8/99)