

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019525

1. Corporation Name

JOVO INCORPORATED

REINSTATEMENT 02-03

2. Principal Office Address

1815 VIGNES ST

Suite, Apt. #, etc.

3. Mailing Office Address

POB 1541

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

33936

Country

USA

Zip

33970

Country

USA

600017231176
04/29/03--01019--007 **900.00

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. Name and Address of Current Registered Agent

Name

VOLGGER, JOSEF

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

1815 VIGNES ST

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33936

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Josef Volgger

REGISTERED AGENT MUST SIGN

Date

4/13/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VOLGGER, JOSEF	1815 VIGNES ST	LEHIGH ACRES, FL 33936
EVP	VOLGGER, EUGEN	1815 VIGNES ST	LEHIGH ACRES, FL 33936

10. 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 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/15/03

Daytime Phone #

Phone 238-728-3312