

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

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

3. Mailing Office Address
POB 1541

City & State
LEHIGH ACRES, FL

4. Date Incorporated or Qualified To Do Business in Florida
03/09/1994

Zip
33936 Country USA

5. FEI Number
65-0477484

Zip
33970 Country USA

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 [Signature] Date 4/13/03

REGISTERED AGENT MUST SIGN

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
<u>?</u>	<u>VOLGGER, JOSEF</u>	<u>1815 VIGNES ST</u>	<u>LEHIGH ACRES, FL 33936</u>
<u>EXP</u>	<u>VOLGGER, EGMON</u>	<u>1815 VIGNES ST</u>	<u>LEHIGH ACRES, FL 33936</u>

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: [Signature] President Date 04/15/03 Daytime Phone # Phone 239-728-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

4/20