

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

00 MAY 30 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000000140 (0)

1. Corporation Name

J.B.W. OF VENICE, INC.

2. Principal Office Address

2010 Pine Terrace, Suite B

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

334231

Country

U.S.A.

3. Mailing Office Address

2010 Pine Terrace, Suite B

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

U.S.A.

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1995

5. FEI Number

65-0590218

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

Mark Wieleba

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

2010 Pine Terrace, Suite B

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34231

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

REGISTERED AGENT MUST SIGN

Date 5/23/00

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
D/P/S	Mark Wieleba	2010 Pine Terrace, Suite B	Sarasota, FL 34231
VP	Kim Basile	2010 Pine Terrace, Suite B	Sarasota, FL 34231

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:

Mark Wieleba, President

5/23/00

941-925-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)