

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

9/16 AIR
APPLICATION FOR REINSTATEMENT



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

PROCESSED AND FILED

96 OCT -2 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044862

1. Corporation Name

JAKE, INC.

Principal Place of Business

4711 VINCENNES BLVD
CAPE CORAL FL 33904

Mailing Address

4711 VINCENNES BLVD
CAPE CORAL FL 33904

400001977334-1
-10/16/96--01086--003
****225.00 ****225.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0601182

Not Applicable

Zip

Country

Zip

Country

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
D	DUHAMEL, CHRISTINE	4711 VINCENNES BLVD	CAPE CORAL FL 33904
D	DUHAMEL, RONNIE	4711 VINCENNES BLVD	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

STEINBERG, PHILIP
3332 DEL PRADO BLVD
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
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 Christine Duhamel
REGISTERED AGENT MUST SIGN

Date 9-20-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Christine Duhamel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-99
Date

(941) 549-3744
Daytime Phone #

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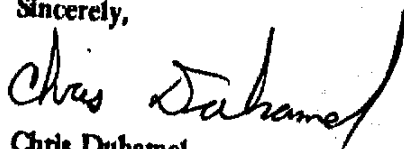
September 25, 1996

To Whom It May Concern;
Secretary of State Office ,

I writing this letter to request that the reinstatement fee be waived for this year. It was my first year as a corporation and I was unaware of any of my responsibilities as far as the corporation was concerned. My registered agent never made me aware of the fact that I would need to fill out a form each year and return it. He also did not make me aware of the fact that I need to pay \$200.00 per year to keep the corporation in good standing with the state.

Enclosed is the form requested along with my FEI number. I am also enclosing a check for \$225.00 which includes the late fee I was instructed to pay. If you have any questions I can be reached at (941) 549 - 3744.

Sincerely,



Chris Duhamel,
President Jake Inc.