

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 26 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000080914

1. Corporation Name

Jon's Extension Concepts Inc.

2. Principal Office Address

15000 SAVANNAH DR

Suite, Apt. #, etc.

3. Mailing Office Address

15000 SAVANNAH DR

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34119

Country

Collier

Zip

34119

Country

Collier

**4. Date Incorporated or Qualified
To Do Business in Florida**

1995

5. FEI Number

65-0639660

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

Jon Irwin

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

15000 SAVANNAH DR

Suite, Apt. #, Etc.

600005451536--0

-05/06/02--01005--010

***300.00 ***300.00

City

NAPLES

State

FL

Zip Code

34119

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]

REGISTERED AGENT MUST SIGN

Date 4/22/02

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	Jon Irwin	15000 SAVANNAH DR	NAPLES FL 34119

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] Jon Irwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 239-649-5083

Date

Daytime Phone #

CR2E081 (9/01)

5/2/02

Jon's Xterior Concepts, Inc.
"Don't Just Cut It - Manicure It!"
Custom Design Landscape & Maintenance

April 22, 2002

Florida Department of State

Re: Corporation Reinstatement

To whom it may concern:

As per our conversation on the phone, we never received any paperwork for 2001 Annual Report, partially because of an error in address that we had not been residing at for over 6 years, and annual reports are not forwarded. . Although, we have been receiving our annual report all the way up to 2000.

Again, as per our conversation, please except the following Reinstatement forms along with a check for \$300.00 for 2001 and 2002.

If you have any questions, please do not hesitate to call me at your convenience.

Thank You,



Jonathan Irwin
Jon's Xterior Concepts, Inc.