

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 PM 1:00

DOCUMENT # **P96000070594**

1. Corporation Name

JB AMERICA, INC.

Principal Place of Business

Mailing Address

1364 CYPRESS WOODS DRIVE
NAPLES FL 34103

1364 CYPRESS WOODS DRIVE
NAPLES FL 34103



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable
1200 5TH AVE S
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1200 5TH AVE S
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1996

5. FEI Number

59-3398283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

City & State
Naples Florida
Zip
34102 Country
USA

City & State
Naples FL
Zip
34102 Country
USA

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	4 City / State / Zip
D	BARNETT, WILLIAM	2750 TREASURE LANE	NAPLES FL 34103
D	BARNETT, JEFFREY A	1364 CYPRESS WOODS DRIVE	NAPLES FL 34103

900003508649--6
12/20/00--0045--006
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

BARNETT, JEFFREY A
1364 CYPRESS WOODS DRIVE
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY A BARNETT

11-8-00

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