					ind);
APPLICATION APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		COMPLET	1 4 JO10V C.		
DIVISION OF CORPORATIONS			FILED		
DOCUMENT # P9800000399 1. Corporation Name SACK SACOBSEN ENTERPRISES INC			01 AUG 13 PM 3-34		
SHEK SHE	BZEN ENIE	A.(1)200 200		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
				TALLAMASSEE, FLUMDA	
Principal Place of Business 3000 42 ND ST SW Mailing Address 3000 42 ND ST SW					
NAPLES, FL 34116 NAPLES, FL 34116			0000045604501 -08/28/0101082018		
If above addresses are incorrect in any way, line thro	ugh incorrect information	and enter correction below		****300.00 ****300.00	
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida A		
Suite, Apt. #, etc. Suite, Apt. #,		etc.		///31/17 / Applied For	
City & State	City & State		6-50	Not Applicable S8.75 Additional Fee, required	1 1 ¹
Zip Country	Zip	Country		FOR STATUS DESIRED 100 100 a Certificale of Sialus	
7. Names and Street Addresses of Each Officer and/or Director (Florida r Name of Officers Title(s) and/or Directors		a nonprofit corporations must list at least 3 dire Street Address of Each Officer and/or Director		City / State / Zip	e
1 2		3 (Do NOT Use Post Office Box Numbers) 3000 42 ND ST SW.		4	
P. T. JACK SACOBSEN	NAP	LES, FL 34	116	NAPLES, PL 34/14	1, d
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		06-1	0146	2 78 '	:
					. I <u>.</u>
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name					
SOUTHWEST ROFESSION SERVILES OF SO. FL. THE Signed Address (P.O. Box Number is Not Acceptable)					
Suite, ADI, #, Etc.					
·	,	City	3V685	State Zip Code FL 33919	
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 MUST GROWN Date 8/7/101					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: SIGNATURE AGE THE OH PRINTED NAME OF SIGNING OFFICER ON DIRECTOR + Date Dayline Phone #					

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Jack Jacobsen Enterprises Inc. 3000 42nd Street SW Naples, Fl 34116

August 7,2001

Florida Department of State Div Of Corporations P.O.Box 6327 Tallahassee, Fl 32314

RE: Application for Reinstatement Jack Jacobsen Enterprises Inc. Document Number: P9800000399

Dear Sir,

Confirming our phone conversation of this date, enclosed is the Application for reinstatement and my remittance in the amount of \$300.00.

I never received the original annual report application from the State of Florida because of my address change. You advised me that the annual report application that was mailed was returned to you undeliverable.

Thank you for reinstating my corporation and your consideration is this matter.

Sincerely, -Jack, Jacobsen Enterprises Inc.

Jack Jacobsen, President

andune of \$299.00. the Application for reinstatement and my remittance in the Conflicting our phone conversation of this date, encapsed is

Dens Syx!