

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000005847**

1. Corporation Name

CCBB JB, INC.

Principal Place of Business

Mailing Address

2650 AIRPORT RD
E
NAPLES FL 34112

2650 AIRPORT RD
E
NAPLES FL 34112

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1998

5. FEI Number

59-3486534

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BREIDIGAN, JAMES P	360 ROBINHOOD CIRCLE #101	NAPLES FL 34104
STD	BREIDIGAN, SAUNDRA	2650 AIRPORT RD	NAPLES FL 34112
VD	BREIDIGAN, ADRIENNE	2650 AIRPORT RD	NAPLES FL 34112

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BREIDIGAN, JAMES P
2364 E. TAMiami TRAIL
NAPLES FL 34112

Name

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

2650 Airport Rd

Suite, Apt. #, Etc.

E

City

Naples

State

FL

Zip Code

34112

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-15-03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Breidigan

Date

Daytime Phone #

239-
10-15-03 417-1999

CR2E040 (7/03)