

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1502

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037794

1. Corporation Name

Johanne M. Couture PA

800004911768--4

-02/12/02--01055--002

****300.00 ****300.00

2. Principal Office Address

800 meadowland Dr.

3. Mailing Office Address

same

Suite, Apt. #, etc.

G

Suite, Apt. #, etc.

same

City & State

Naples, FL

City & State

same

Zip

34108

Country

U.S.

Zip

same

Country

same

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3504049

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

Johanne M. Couture

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

800 meadowland Drive

Suite, Apt. #, Etc.

G

City

Naples

State

FL

Zip Code

34108

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

Johanne M. Couture PA.
REGISTERED AGENT MUST SIGN

Date

1/22/02

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
officer	Johanne M Couture	800 G meadowland Dr.	Naples FL 34108

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:

Johanne M. Couture
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/02

Daytime Phone #

CR2E081 (9/01)

292
January 22, 2002

To Who It May Concern,

At this time I am sending
payment to reinstate my Florida F.D.
number. After speaking to someone in
your office, I was informed that the
document was sent to me, however, to
the best of my knowledge, I have
not received it. Therefore, I would
be very grateful if you would
waive the reinstatement fee. I have
included a check for the 2001 and
2002 fees.

I thank you so much for your
help in this matter.

Best Regards
Johanne Cature

Address
800 B Meadowland Dr.
Naples, Fl. 34108