

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 10 AM 8:00

DOCUMENT # P980000 40531

**1. Corporation Name**

Earl L. Jacob, P.A.

**2. Principal Office Address**

296 Banyan Blvd

Suite, Apt. #, etc.           

City & State

Naples, FL

Zip

34102

Country

Collier

**3. Mailing Office Address**

296 Banyan Blvd.

Suite, Apt. #, etc.           

City & State

Naples, FL

Zip

34102

Country

Collier

**REINSTATEMENT**

03-04  
MRS

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

5-5-98

**5. FEI Number**

65-0834542

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

Earl L. Jacob

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

296 Banyan Blvd

Suite, Apt. #, Etc.           

City

Naples

600034175366

04/27/04--01085--013 \*\*750.00

600034175366

05/10/04--01093--010 \*\*150.00

State

FL

Zip Code

34102

**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

X Earl L. Jacob

Date 4-20-04

REGISTERED AGENT MUST SIGN

**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
D	Earl L. Jacob	296 Banyan Blvd	Naples FL 34102

**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:**

Earl L. Jacob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

21-20-04

Daytime Phone #

CR2E081 (01/04)