

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000644911

1. Corporation Name

JUEDES INVESTMENT CO.

2. Principal Office Address

5681 BALTUSROL CT.

3. Mailing Office Address

944 LAKEWOOD DR

Suite, Apt. #, etc.

UNIT 2A

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

LAKE FOREST, IL

Zip

33957

Country

USA

Zip

60045

Country

USA

600010402968

01/21/03--01104--028 **608.75

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-99

5. FEI Number

☒ 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

RICHARD A. COLLMAN

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

1648 PERIWINKLE WAY

Suite, Apt. #, Etc.

SUITE B

City

SANIBEL

State
FL

Zip Code

33957

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

Richard A. Collman

REGISTERED AGENT MUST SIGN

Date 12/30/02

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
P.T.S	THOMAS JUEDES	944 LAKEWOOD DR.	LAKE FOREST, IL 60045

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:

Thomas Juedes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02

Date

847 283 0092

Daytime Phone #

CR2E081 (10/02)

232

Thomas J. Juedes
944 Lakewood Dr.
Lake Forest, IL 60045

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: P 99000044911 Juedes Investment Co.

To Whom It May Concern:

I did not receive the year 2000 annual report, or any annual reports since then. As a result, I am requesting a waiver of any and all penalty fees that may relate to my reinstatement request.

Sincerely,


Thomas J. Juedes 12/31/02