

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 30 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109354

1. Corporation Name

J.O.T., INC.

Principal Place of Business

Mailing Address

43 #1 GLADES BLVD.  
NAPLES FL 34112

43 #1 GLADES BLVD.  
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

1275 WAHOO CT  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2000

5. FEI Number

65-0972842

Applied For

Not Applicable

City & State

NAPLES, FL.

City & State

Zip

34102

Country

USA

Zip

Country

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
PVST	THIESEN, CYNTHIA M	43 #1 GLADES BLVD. 1275 WAHOO CT	NAPLES FL 34112 34102

400024290214  
10/30/03--01053--011 \*\*150.00

8. Name and Address of Current Registered Agent

THIESEN, CYNTHIA M  
43 #1 GLADES BLVD.  
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name

SAME

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

1275 WAHOO

Suite, Apt. #, Etc.

NAI

City

NAPLES

State

FL

Zip Code

34102

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

*Cynthia M. Thiesen*  
REGISTERED AGENT MUST SIGN

Date

10/24/03

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:

*Cynthia M. Thiesen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

239-417-5995

CR20040 (7/03)



**Tax Amnesty Agreement**  
**Effective July 1 to October 31, 2003**

DR-100000  
N. 06/03

Eligible businesses and individuals may pay taxes and interest owed to the State of Florida without penalty and at discounted interest under a Tax Amnesty Program that is in effect from July 1 – October 31, 2003. The amnesty program applies to **all** taxes administered by the Florida Department of Revenue except unemployment tax and Miami-Dade Lake Belt mitigation fees. It is available for eligible taxpayers who owe taxes that were due on or before June 30, 2003.

**If you wish to participate in the amnesty program, you must submit a Tax Amnesty Agreement.**

For more information about filing and paying tax, see the reverse side of this form.

**To be eligible to participate in the amnesty program, I (the taxpayer) affirm and agree that:**

- I give up my right to contest the tax and interest I report under amnesty.
- I withdraw any pending protest or proceeding about the tax and interest I report under amnesty and understand that any protest or proceeding cannot be refiled.
- I have not previously entered into a settlement of liability with the Department for any state tax or local option tax that I report under amnesty.
- I give up my right to claim a refund of tax or interest I pay under amnesty and my right to protest the Department's denial of any claim I make for a refund of tax or interest I pay under amnesty.
- Any credit or refund of tax or interest I pay under amnesty is limited to amounts paid in error, as determined by the Department.
- I have not been convicted of a crime involving a revenue law of this state.
- I understand that the Department may reconsider any amnesty given me if I misrepresent my eligibility to participate or I file false or fraudulent returns and forms under amnesty.

Please provide all information requested below:

Taxpayer name Cynthia M. Thiesen Date 10/27/03

Preparer name (if other than taxpayer) Helen Watson  
I represent the taxpayer and certify that I have in my possession a power of attorney that authorizes me to represent this taxpayer for purposes of amnesty before the Department of Revenue.

Taxpayer street address 1275 Wahoo Court

City/State/ZIP Naples, FL 34102 Telephone No., incl. area code ( 239 ) 417-5995

Federal Employer Identification No. or Social Security No. 65-0972842

Sales tax certificate number (if applicable) \_\_\_\_\_

**A BETTER  
BUSINESS & TAX SERVICE, INC.**

**A CCURATE  
ACCOUNTING & TAX, INC.**



October 27, 2003

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

Re.: U.O.T., Inc.  
1275 Wahoo Court  
Naples, FL 34102  
FEIN: 65-0972842

Please find attached the Application for Reinstatement for the above mentioned client. Also enclosed is check #3259 in the amount of \$150 to cover the annual filing fee for 2003.

Due to a change of address Ms. Thiesen never received the annual report for this year. Therefore, we request that any late fee for the year 2003 be waived.

Any further questions regarding this matter can be directed to me at this office Monday through Friday, between the hours of 11:00 A.M. and 5:00 P.M.

Sincerely,

*Helen Watson*

Helen Watson  
President

HW/jaa

Attachments

cc: [illegible]

[illegible]

[illegible]

[illegible]