PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000109354

i. Corporation Name

J.O.T., INC.

Principal Place of Business

Mailing Address

FILED

03 OCT 30 PH 1:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

r in cipal r lace of business wanting		Mailing Addi	555		ł					
			3.#1-GLADES BLVD. IAPLES-FL-34112			REINSTATEMENT 03				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/01/2000					
Suite, Apt. #, etc. Suite, Apt. #,		, etc.]		017	01/2000			
					5. FEI Numbe	-		Ap	plied For	
City & State NADLE 5 Fh. City & State				<u></u>	65-0972842			t Applicable		
34102 Country USA Zip		Country		CERTIFICATE OF STATUS DESIRED 58.75 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)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director							
PVST	THIESEN, CYNTHIA M		43 #1 GLADES BLVD. 12.75 WAHOO CT			NAPLES FL 3412 34102				
			12012							
				400024290214 10/30/0301053011 **150.00)	
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
THEOPEN-OVAPPLIA AA					Name SAME					
·					P.O. Box Number is Not Acceptable)					
43 .#1-GLADES BL VD. NAPLES FL 34112				Suite, Apt. #, Etc	WAHO	00			CR2E040 (7/03	
				City			State	Zip Code		
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										
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 filling 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 significant as the same lead offect as if made under each										





Tax Amnesty Agreement Effective July 1 to October 31, 2003

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.

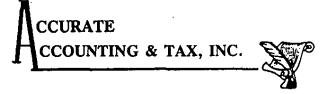
Taxpayer street address _______ 1275 Wahoo Court

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 USINESS & TAX SERVICE, 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

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