

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **561340**

1. Corporation Name

J. KARRAS Enterprises INC

Principal Place of Business

Mailing Address

**11698 Pointe Cir DR. 11698 Pointe Cir Dr.
Ft. Myers, FL 33908 Ft. Myers, FL 33908**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

96 OCT 31 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**mw8
11-4-96**

REINSTATEMENT

1996

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/1991

5. FEI Number

65-0265428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	KARRAS, NICK 11698 Pointe Cir DR Ft. Myers, FL 33908		

**800001998278-6
-11/07/96-01003-013
***375.00 ***375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NICK JAMES KARRAS
11698 Pointe Circle Dr
Ft. Myers FL 33908**

Name **NICK JAMES KARRAS**

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

11698 Pointe Cir Dr

Suite, Apt. #, Etc.

City **Ft Myers**

State

Zip Code

FL 33908

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/14/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NICK JAMES KARRAS

SIGNATURE:

[Signature] **President**

Date **9/14/96**

**941
463-4203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone