

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

Reg # 161102357

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Jusies Station Restaurant Inc

2. Principal Office Address

P.O. Box 415

Suite, Apt. #, etc.

City & State

EVERGLADES CITY

Zip

34139

Country

Collier

3. Mailing Office Address

P.O. Box 415

Suite, Apt. #, etc.

City & State

FL

Zip

34139

Country

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

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

William D. Williams

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

103 SW. Copeland

Suite, Apt. #, Etc.

City

EVERGLADES CITY FL

State
FL

Zip Code

34139

700005349227-1

-04/25/02--01067--004

****308.75 ****308.75

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

W.D. Williams

REGISTERED AGENT MUST SIGN

Date *3-28-02*

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
<i>owner</i>	<i>William D Williams</i>	<i>103 SW. Copeland Ave EVERGLADE CITY FL.</i>	<i>EVERGLADES CITY FL. 34139</i>

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:

W.D. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

Date

*(941)
(272-5579)*

Daytime Phone #

(941) 695-0704

CR2E081 (9/01)

Dear Michelle Mulligan

My name is Kallan Kopore. I am the new Bookkeeper for the past year and half. We have NOT RECEIVED ANY RENEWAL PAPERS FOR HIS CORP LICENSE. There enclosed is \$38.75 for Certificate of Status. is included

M. Kallan Kopore

Any questions please call (941) 685-0704