

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # V07705

1. Corporation Name

JEYS OF NAPLES, INC.

Principal Place of Business

1100 FIFTH AVE S 5801 Pelican
SUITE 211 Bay Blvd.
NAPLES FL 34108

Mailing Address

27410 HIDDEN RIVER CT.
BONITA SPRINGS FL 33923

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0327172

Applied For

City & State

City & State

Not Applicable

Zip

Country

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
D	JANN, ELLEN	8130 STARNBERG POSTFACH	GERMANY
D	JANN, ELLEN	RINGSTRASSE 1	D 82319 STARNBERG

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, GARY K.

1100 FIFTH AVE S

SUITE 211

NAPLES FL 34108

Name

GARY K. WILSON

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

5801 PELICAN BAY BLVD.

Suite, Apt. #, Etc.

300

City

NAPLES

State

FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date

11-12-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-02

Daytime Phone #

485-7489