

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 19 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50926

1. Corporation Name

JACK FAULKS, P.A.

2. Principal Office Address

833 Carrick Bend Circle

Suite, Apt. #, etc.

Unit 102

City & State

Naples, Florida

Zip

34110

Country

USA

3. Mailing Office Address

P.O. Box 3148

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/92

5. FEI Number

65-0345252

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

Jack Faulks

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

833 Carrick Bend Circle

Suite, Apt. #, Etc.

Unit 102

City

Naples

State

FL

Zip Code

34110

100005482791-9

-05/08/02-01009-005

***300.00 ***300.00

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

Jack Faulks
REGISTERED AGENT MUST SIGN

Date **11 April 2002**

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 ..
P	Jack Faulks	833 Carrick Bend Circle	Naples, FL 34110
S	Margaret T. Faulks	833 Carrick Bend Circle	Naples, FL 34110

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Faulks
4/11/2002

Date

(239) 593-4368
Daytime Phone #

CR2E081 (9/01)

JACK FAULKS, P.A.

**P. O. Box 3148, Bonita Springs, Florida 34133
(239) 593 - 4368**

11 April 2002

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

RE: Corporation Reinstatement: JACK FAULKS, P.A.

Gentlemen:

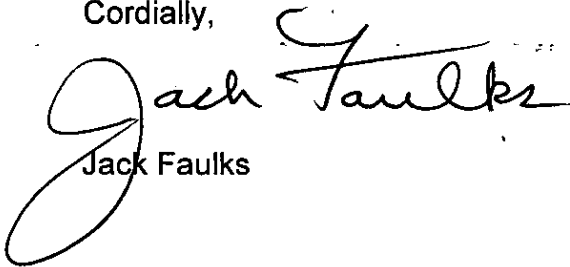
My new CPA recently asked me whether I filed the necessary Florida State Corporation papers for 2001. I did not recall getting a notice from the State requesting this information.

On April 4, 2002, I called the Division and was advised that the Division had mailed the notices to P. O. Box 2148 rather than 3148. This is why I did not receive these notices.

The Division also told me to send in a letter explaining the circumstances, a fee of \$300.00, and the Corporation Reinstatement Form.

I trust that this will take care of the matter and the Corporation will be reinstated. Should you have any questions, please contact me.

Cordially,


Jack Faulks