


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL AND FILED

98 NOV 23 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION OF REINSTATEMENT



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

DOCUMENT # **V58044**

1. Corporation Name  
**JEANETTE STEVENS, INC.**

Principal Place of Business	Mailing Address
<del>5235 RAMSEY WAY #12 FORT MYERS FL 33907 US</del>	<del>5235 RAMSEY WAY #12 FORT MYERS FL 33907 US</del> <b>P.O. Box 448 WEBSTER FL 33597-0448</b>

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	5. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/12/1992	65-0360977	Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
Zip	Country	Zip	Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STEVENS, JEANETTE	<del>5235 RAMSEY WAY # 12</del> <b>P.O. Box 448</b>	<del>FORT MYERS FL</del> <b>WEBSTER FL 33597-0448</b>

200002701422--2  
-12/03/98--01042--009  
\*\*\*175.00 \*\*\*175.00

*JP M/25*

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STEVENS, JEANETTE <del>5235 RAMSEY WAY #12 FORT MYERS FL 33906</del>	Name Street Address (P.O. Box Number is Not Acceptable) <b>10287 COUNTY RD 743</b> Suite, Apt. #, Etc. City <b>WEBSTER</b> State <b>FL</b> Zip Code <b>33597</b>

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 *J. Stevens* **SIGNATURE REQUIRED** Date **11-19-98**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *J. Stevens* **SIGNATURE REQUIRED** Date **11-19-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)

JEANETTE STEVENS, INC.  
P.O. BOX 448  
WEBSTER FL 33597-0448

NOVEMBER 17, 1998

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE FL 32314-6327

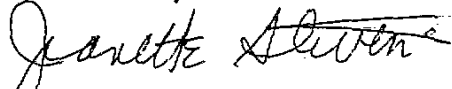
GENTLEMEN:

WE HAVE RECEIVED A REVOCATION PACKAGE FROM THE DEPARTMENT OF STATE FOR FAILURE TO FILE THE 1998 CORPORATE ANNUAL REPORT.

WE HAVE MOVED TWO YEARS AGO TO WEBSTER FLORIDA, AND HAVE RECEIVED OUR 1997 ANNUAL REPORT LAST YEAR.

WOULD YOU PLEASE UPDATE OUR ADDRESS AS CORRECTED ON THE ENCLOSED REINSTATEMENT FORM AND ACCEPT OUR CHECK IN THE AMOUNT OF \$175, AS WE WERE ADVISED TO DO BY YOUR REPRESENTATIVE WHEN WE CALLED IN YESTERDAY.

THANK YOU,



JEANETTE STEVENS, PRESIDENT