

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:06

DOCUMENT # **002759**

1. Corporation Name

**CHITTY & CO. OF JACKSONVILLE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 03**

Principal Place of Business

2225 DENNIS STREET  
JACKSONVILLE FL 32204

Mailing Address

P.O. BOX 1826  
ORANGE PARK FL 32067



400023957824  
10/21/03--01010--001 \*\*750.00

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

07/30/1904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0192760

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	THOMPSON, H. MARSHALL	2225 DENNIS STREET	JACKSONVILLE FL 32204
VSTD	THOMPSON, DENNIS B	2225 DENNIS STREET	JACKSONVILLE FL 32204
P	THOMPSON, JR, H. MARSHALL	3225 DENNIS ST	JACKSONVILLE FL 32204

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE  
SUITE 200  
PONTE VEDRA BEACH FL 32082

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Handwritten Signature]*

Date **OCT 1, 2003**

REGISTERED AGENT MUST SIGN

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OCT 1, 2003 (904) 208-6880**  
Date Daytime Phone #

CR2040 (7/03)