

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 31 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G27003

1. Corporation Name

9699 San Jose Corporation

2. Principal Office Address - No P.O. Box #  
395 Ocean Forest Dr.

3. Mailing Office Address  
395 Ocean Forest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Augustine, Florida

City & State  
St. Augustine, Florida

Zip  
32080

Country  
USA

Zip  
32080

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 03/09/1983

5. FEI Number  
59-2337700

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 96-07

7. Name and Address of Current Registered Agent

Name  
Fisher, Tousey, Leas & Ball, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
818 North A1A

Suite, Apt. #, Etc.  
Suite 104

City  
Ponte Vedra Beach

State FL Zip Code 32082

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature], Vice-President  
REGISTERED AGENT MUST SIGN

Date 12/28/2007

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
PD	Cole, Scott III	395 Ocean Forest Dr.	St. Augustine, Florida 32080

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 contained in Chapter 119, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2007

Date

(904)669-1395

Daytime Phone #