

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077436

1. Corporation Name

C & S PROPERTIES OF NORTHEAST FLORIDA INC.

Principal Place of Business

Mailing Address

12369 SUTTON ISLAND DR.
JACKSONVILLE FL 32225

12369 SUTTON ISLAND DR.
JACKSONVILLE FL 32225



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

08/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3663224

Applied For

Not Applicable

City & State

City & State

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	FORBES, SALLY T	12369 SUTTON ISLAND DR.	JACKSONVILLE FL 32225
STD	FORBES, CHARLES K	12369 SUTTON ISLAND DR.	JACKSONVILLE FL 32225

400004679424--D
11/14/01--01090--014
***150.00 ***150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORBES, SALLY T
12369 SUTTON ISLAND DR.
JACKSONVILLE FL 32225

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.

Signature of
Registered Agent

Sally Forbes
REGISTERED AGENT MUST SIGN

Date

10/20/01

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:

Sally Forbes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 220-9922

CR2E040 (8/01)

October 20, 01 2012

Dear Mam or Sir,

I am writting to ask for leniency in dissolution of said Corporation.

I never received the first notice, nor the second notice, which I find strange.

This is my first time ever filing a corporation annual report/uniform business report. I did not know I was delinquent. This is my first year in business.... and like everything else.... it seems I'm learning everything the hard way.

Enclosed is my payment. Please accept my apology. Please accept my payment. I will not forget again.... I can assure you of that.

Thank you for your kind consideration in this matter.

Sincerely
Sally Forbes