

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV -8 PM 5:47

DOCUMENT # **P98000077112**

1. Corporation Name  
**CRONK, DUCH, MILLER & ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
200 WHARFSIDE WAY SUITE 200 JACKSONVILLE FL 32207 US	200 WHARFSIDE WAY SUITE 200 JACKSONVILLE FL 32207 US



**REINSTATEMENT** *DD*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3531626	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
VD	CRONK, JOSEPH S	200 WHARFSIDE WAY, SUITE 200	JACKSONVILLE FL 32207
PD	DUCH, CLIFFORD G	200 WHARFSIDE WAY SUITE 200	JACKSONVILLE FL 32207
TSD	MILLER, NATHAN E	200 WHARFSIDE WAY SUITE 200	JACKSONVILLE FL 32207
<del>D</del>	<del>SWAN, C. HAL</del>	<del>200 WHARFSIDE WAY SUITE 200</del>	<del>JACKSONVILLE FL 32207</del>
			600003482076--5
			-11/30/00--01106--017
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

F&L CORP.  
 200 LAURA ST.  
 JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 *[Signature]* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/6/00

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: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/17/00 Daytime Phone # 904 398 5715

**AD**