

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

98 MAR -5 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39804**

1. Corporation Name
CELTEX, INC.

Principal Place of Business
**5853 RICHARD LANE WEST
JACKSONVILLE FL 32216
US**

Mailing Address
**5853 RICHARD LANE W
JACKSONVILLE FL 32216
US**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1683 PINE GROVE AVE
Suite, Apt. #, etc.
Jacksonville FL
Zip **32205** Country **USA**

3. New Mailing Office Address, If Applicable
5711-15 BOWDEN RD
Suite, Apt. #, etc.
324
City & State
Jacksonville FL
Zip **32216** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
05/28/1992

5. FEI Number
59-3131451
Applied For
 Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COOK, ROGER A.	3323 KEGLER DRIVE	JACKSONVILLE FL
			900002453209--0 -03/10/98--01106--011 ****900.00 ****900.00

REINSTATEMENT 97-98
A. Alan
3/5/98

8. Name and Address of Current Registered Agent

**FEREBEE, DAVID B.
503 EAST MONROE STREET
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 *Roger A Cook* **REGISTERED AGENT MUST SIGN** Date _____

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: *Roger A Cook* **Roger A. Cook** *2/13/98* *904-389-5376*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR25040 (8/97)