

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 12:35

DOCUMENT # 002759

1. Corporation Name

Chitty & Co. of Jacksonville Inc.

2. Principal Office Address

2225 Dennis Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32204

Country

US

3. Mailing Office Address

Post Office Box 8779

Suite, Apt. #, etc.

City & State

Fleming Island, Florida

Zip

32006

Country

US

REINSTATEMENT

CR2E081 (8/05)

09-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/30/1904

5. FEI Number

590192760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James V. Walker, Esquire

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

228 Ponte Vedra Park Drive Suite 200

Suite, Apt. #, etc.

Post Office Box 676

City

Ponte Vedra Beach

State
FL

Zip Code

32004-0676

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

Date 11/09/05

REGISTERED AGENT MUST SIGN

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	H. Marshall Thompson	2225 Dennis Street	Jacksonville, Florida 32204
VSTD	Dennis B Thompson	2225 Dennis Street	Jacksonville, Florida 32204

200061342562
11/10/05--01037--003 ***300.00

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 under section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-05 (904) 571-8380

Daytime Phone #

242



WALKER LAW GROUP, P.A.
ATTORNEY AND COUNSELOR AT LAW

November 9, 2005

VIA FEDERAL EXPRESS

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Chitty & Co. of Jacksonville, Inc.
Document #: 002759

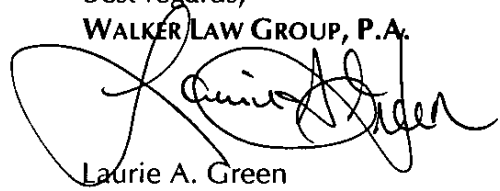
Dear Sir or Madam:

We enclose an Application for Reinstatement together with payment in the amount of three hundred (\$300.00) Dollars for same.

We ask that the all penalties for late filings be waived as the State's notification(s) were mailed to the wrong address. As such, our client never received any notice. Future mailings should be sent to the mailing address noted on the application.

We thank you in advance for you courtesy in this regard. If you have questions, or need further information, please do not hesitate to contact me.

Best regards,
WALKER LAW GROUP, P.A.



Laurie A. Green
Legal Assistant
lgreen@lawplanning.com

/lag
Enclosures