

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 31 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 145674

1. Corporation Name

THE DOCTORS' BUILDING, INC.

Principal Place of Business

1836 EDGEWOOD AVE SO
JACKSONVILLE FL 32205
US

Mailing Address

1836 EDGEWOOD AVE SO
JACKSONVILLE FL 32205
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

JB



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1946

5. FEI Number

59-0555153

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	4 City / State / Zip
PD	MITCHELL, JOHN L.	1836 EDGEWOOD AVE S.	JACKSONVILLE FL
D	MITCHELL, DOROTHY D.	1836 EDGEWOOD AVENUE S.	JACKSONVILLE FL

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***750.00 ***750.00

8. Name and Address of Current Registered Agent

MITCHELL, JOHN L.
1836 EDGEWOOD AVE S
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

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

John L. Mitchell
REGISTERED AGENT MUST SIGN

Date

10/29/01

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:

John L. Mitchell John L. Mitchell

10/29/01

Date

904-388-4835

Daytime Phone #

CR2ED40 (8/01)