

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pylufz

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 148556

1. Corporation Name

Abernathy-Shortridge Inc

WD-31278

2. Principal Office Address

1001 Park St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jay, Fla

City & State

Zip

32204

Country

Duran

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-20-1946

5. FEI Number

590553210

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

Louis E Shortridge Jr

000008592980

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

1001 Park St

10/25/02 01057-001 \*\*100.00

Suite, Apt. #, Etc.

City

Jay

State

FL

Zip Code

32204

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

Louis E Shortridge Jr

REGISTERED AGENT MUST SIGN

Date 10.22.02

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
P	Louis E Shortridge Jr	1001 Park St	Jay, FL 32204
S	Louis E Shortridge III	1001 Park St	Jay, FL 32204
T	Charles A Shortridge	1001 Park St	Jay FL 32204
V	Heath M Wilson	1001 Park St	Jay FL 32204

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)(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:

Louis E Shortridge Jr Louis E Shortridge Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.22.02

Daytime Phone #

904-355-6245

CR2008 (9/01)

Pg 2082

**James G. Hutchens, Jr.**

Certified Public Accountant

P.O. Box 889

Ponte Vedra Beach, Florida 32004-0889

904-280-1228

FAX 904-280-0928

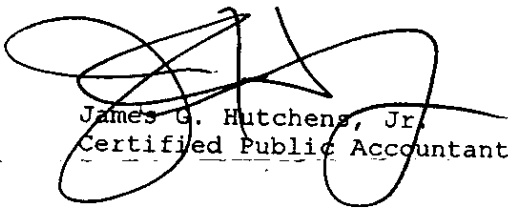
Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Abernathy Shortridge, Inc.

Dear Sir or Madam:

Enclosed is the reinstatement form for my client, Abernathy Shortridge, Inc. We are requesting an abatement of the penalties associated with the fact that the corporation was administratively dissolved. My client moved his office from downtown Jacksonville, the annual report was never forwarded from the previous address. He therefore did not realize that he had not filed the return. He has always filed and paid the fee timely when he received the form. Your assistance in this matter would be greatly appreciated.

Sincerely,



James G. Hutchens, Jr.  
Certified Public Accountant

July 12, 2002