

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 PM 1:29

DOCUMENT # 350751

1. Corporation Name

BESSENT, HAMMACK AND RUCKMAN, INC.

2. Principal Office Address

1900 Corporate Square Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

Duval

3. Mailing Office Address

1900 Corporate Square Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

Duval

REINSTATEMENT 0)

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

8-14-1969

5. FEI Number

59-1281964

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

Nita Rankin

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

1900 Corporate Square Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32216

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

Nita Rankin

REGISTERED AGENT MUST SIGN

Date 1-3-02

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/D	Michael J. Saylor	12581 Sawpit Road	Jacksonville, FL 32226
V/D	Nita Rankin	3852 Danforth Dr West	Jacksonville, FL 32224
V/D	Stephen J. Stewart	1151 Lakewood Road	Jacksonville, FL 32207
V/D	Gene Howerton	4062 San Jose Blvd	Jacksonville, FL 32207
V/D	Carl Schellhase	12401 Harbor Winds Dr North	Jacksonville, FL 32225

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:

Nita Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-3-02

Daytime Phone # 904-721-2991

CR2001 (9/00)