

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -7 PH 1:29

DOCUMENT # 350751

1. Corporation Name
BESSENT, HAMMACK AND RUCKMAN, INC.

2. Principal Office Address
1900 Corporate Square Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
1900 Corporate Square Blvd
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32216 Duval

Zip Country
32216 Duval

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

REINSTATEMENT 0)

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

700004776487--6
-01/16/02--01007--005
****750.00 ****80.00

700004776487--6
-01/16/02--01007--006
****8.75 ****8.75

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 Date 1-3-02

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
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

R. Hill

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 Nita Rankin 1-3-02 904-721-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (8/00)