

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 MAY 19 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **380674**

1. Corporation Name

**HIGLEY PUBLISHING CORP.**

Principal Place of Business

Mailing Address

4314-2 ST. AUGUSTINE RD  
BOX 5369  
JACKSONVILLE FL 32207  
US

4314-2 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32207  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1352483

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WHARTON, PAUL	2356 JOSE CIRCLE NORTH	JACKSONVILLE FL
D	MCGEHEE, T R SR	3300 PHILLIPS HWY	JACKSONVILLE FL
DC	MCGEHEE, DELIA HOUSER	505 LANCASTER ST, #6-B	JACKSONVILLE FL
D	WHARTON, KRISTEN L	2356 JOSE CIRCLE NORTH	JACKSONVILLE FL
VSD	MCGEHEE, DELIA H II	3480 ROSALIE LANE	LEXINGTON KY
D	MCGEHEE, THOMAS R., JR.	1850 SEMINOLE ROAD	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHARTON PAUL W DR  
4314-2 ST AUGUSTINE RD  
JACKSONVILLE FL 32207

Name **REINSTATEMENT**

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 *R. Wharton*

REGISTERED AGENT MUST SIGN

Date *5/12/97*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*R. Wharton*

Date *5/12/97*

(904) 549-3041  
Daytime Phone #

CR20040 (7/96)