

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 432513

1. Corporation Name

DAUGHTREY, JONES, CORPORATION

Principal Place of Business

Mailing Address

5400 NW 22ND AVENUE
~~SUITE 706~~
MIAMI FL 33142
US

P.O. BOX 470823
MIAMI FL 33247-0823
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

08/09/1973

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2362362

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DCST	DAUGHTREY, NEWALL J.	2301 NW 140TH ST.	OPA LOCKA FL
DP	BARTLETT, PAULETTE	P.O. BOX 470823 N/A	MIAMI FL
D/C/S/T	Daughtrey, Newall J.	P.O. BOX 470823 N/A	Miami, FL 33247-0823

700002763977-5
-02/03/99--01083--006
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAUGHTREY, NEWALL J.
~~2301 N.W. 140TH STREET~~
~~OPA LOCKA FL 33054~~

Name

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

120 N.E. 71 Street

Suite, Apt. #, Etc.

#3

City

Miami

State

FL

Zip Code

33151

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

Newall J. Daughtrey
REGISTERED AGENT MUST SIGN

Date January 11, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

NEWALL J. DAUGHTREY

1/11/99 305-636-2345
Date Daytime Phone #

CR2E040 (9/98)