

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:24

DOCUMENT # 597746

1. Corporation Name

THE STENOTYPE INSTITUTE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

500 9TH AVE N.  
JACKSONVILLE BEACH FL 32250

500 9TH AVE N.  
JACKSONVILLE BEACH FL 32250

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

12/18/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1871118

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	4 City / State / Zip
PT	REING, DONALD D	1014 INDIAN WOODS DR 425 9th Ave., North	NEPTUNE BEACH FL JACKSONVILLE BEACH, FL
EDM	ELLIS, THYRA D	1014 INDIAN WOODS DR 425 9th Ave., North	NEPTUNE BEACH FL JACKSONVILLE BEACH, FL
PTS	ARCHER, MILTON C	5000 RIVER POINT RD 2025 9th Ave., North	JACKSONVILLE FL JACKSONVILLE BEACH, FL
VG	ARCHER, KATHY T	5000 RIVER POINT RD	JACKSONVILLE FL
			600003020086--3 -10/20/99--01082--021 ****750.00 ****750.00 10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

McGOWAN, CARL J  
500 9TH AVE N  
JACKSONVILLE BEACH FL 32250

Name

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

Carl McGowan

REGISTERED AGENT MUST SIGN

Date 10-13-99

11. 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:

Gloria J. Wiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/99 904-246-7446

CR2ED40 (8/99)