

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 16 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 597746

1. Corporation Name

THE STENOTYPE INSTITUTE OF JACKSONVILLE, INC.

Principal Place of Business

500 9TH AVE N.
JACKSONVILLE BEACH FL 32250

Mailing Address

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)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
1	PT	MCGOWAN, CARL J	425 8TH AVE., NORTH	JACKSONVILLE BEACH FL		
	V	MCGOWAN, NORA	425 8TH AVE., NORTH	JACKSONVILLE BEACH FL		
	S	WILEY, GLORIA J	2025 9TH AVE NORTH	JACKSONVILLE BEACH FL		

REINSTATEMENT 2000

500003447135--4

-11701700-01062-029

****758.75 ****758.75

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
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-00

1. 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 Wiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00 904-24
Date Daytime Phone # 9466