

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  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 5:11

DOCUMENT # **600017**

1. Corporation Name

**DRS. WOOD, LANIER & BOWMAN, P.A.**

Principal Place of Business

1500 RIVERSIDE AVE.  
JACKSONVILLE FL 32204

Mailing Address

1500 RIVERSIDE AVE.  
JACKSONVILLE FL 32204

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1961

SP

5. FEI Number

59-0939896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

01

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 3	City / State / Zip 4
P	WOOD, WAYNE W.	<del>2755 RIVERSIDE AVE.</del> 2821	JACKSONVILLE FL
VST	LANIER, JAMES C, JR.	1500 RIVERSIDE AVENUE	JACKSONVILLE FL
D	BOWMAN, S. TODD	1500 RIVERSIDE AVE	JACKSONVILLE FL

800004662918--6  
-11/01/01--01054--023  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

WOOD, WAYNE W.  
2755 RIVERSIDE AVE.  
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

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

*Wayne W. Wood*  
REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

*S. Todd Bowman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 904-288-9000

CR2040 (8/01)