

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 11:05

DOCUMENT # 632683

1. Corporation Name

J. D. PARTRIDGE, Inc.

2. Principal Office Address

2020 W. CERVANTES

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32501

Country

ESCAMBIA

3. Mailing Office Address

3655 CHASTAIN WAY

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32504

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 1, 1979

5. FEI Number

59-1932853

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOUISE V. PARTRIDGE

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

3655 CHASTAIN WAY

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Louise V. Partridge
REGISTERED AGENT MUST SIGN

Date 3-27-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres</i>	JAMES D. PARTRIDGE	9148 Bayview Dr	Bilblian, AL 36549

10. 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:

James D. Partridge JAMES D. PARTRIDGE 3-27-01 334-961-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

20F2

Marcy 28, 2001


To Florida Secretary State

As per telecom with your office, the following comments are submitted for your perusal:

In 1999 I was living out of state, when in December of that year, I entered the hospital for heart bypass surgery. After being released from the hospital, and with further complications, I reentered the hospital for another extended stay. With my business basically shut down, (with the exception of the real estate property in Pensacola, Florida) I continued to convalesce out of state. During this time, and the year following, I did not receive your paper work for the annual corporate renewal fees.

Enclosed is a check for \$450.00 for my corporate reinstatement for the years 1999 through 2001.

Sincerely,


James D. Partridge
J.D. PARTRIDGE, INC.