

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 # 848092

1. Corporation Name

MOTES INVESTMENTS, INC.

Principal Place of Business

Mailing Address

5531 ROOSEVELT BLVD.
JACKSONVILLE FL 32244
US

5531 ROOSEVELT BLVD
JACKSONVILLE FL 32244
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

4202 Ortega Blvd.
Suite, Apt. #, etc.

4202 Ortega Blvd.
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip 32210 Country USA

City & State
Jacksonville, FL
Zip 32210 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1981

5. FEI Number

84-0731031

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VDS	MOTES, HENRY G	5531 ROOSEVELT BLVD	JACKSONVILLE FL
PD	MOTES, KENT K.	5531 ROOSEVELT BLVD	JACKSONVILLE FL
D	SMITH, J. MARTIN	5531 ROOSEVELT BLVD	JACKSONVILLE FL

300002338873-5
-11/05/97-01067-027
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOTES, KENT K.
5531 ROOSEVELT BLVD
JACKSONVILLE FL 32244

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

Karl K. Motes

REGISTERED AGENT MUST SIGN

Date

10/31/97

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97

Date

904-384-2279

Daytime Phone #

CR2E040 (8/97)