

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC 31 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12086

1. Corporation Name

ALFORD ASSOCIATES ARCHITECTS, INC.

Principal Place of Business

Mailing Address

2245 ST. JOHNS AVENUE
C/O DONALD ALFORD
JACKSONVILLE FL 32204

2245 ST. JOHNS AVENUE
C/O DONALD ALFORD
JACKSONVILLE FL 32204



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

REINSTATEMENT

98

2. New Principal Office Address, If Applicable GO. DONALD ALFORD		3. New Mailing Office Address, If Applicable J. DON ALFORD		4. Date Incorporated or Qualified To Do Business in Florida 12/18/1980	
Suite, Apt. #, etc. 4805 WAVERLY LANE		Suite, Apt. #, etc. 4805 WAVERLY LANE		5. FEI Number 59-2074683	
City & State JACKSONVILLE, FLA		City & State JACKSONVILLE FLA.		Applied For Not Applicable	
Zip 32210	Country DUVAL	Zip 32210	Country DUVAL	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PST	ALFORD, J. DON	2245 ST. JOHNS AVE.	JACKSONVILLE, FL 3
S	ALFORD, JOYCE W.	2245 ST. JOHNS AVENUE	JACKSONVILLE FL
			500002729965--5 -01/05/99--01025--001 ****750.00 ****750.00
			12/12/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALFORD, DONALD 2245 ST. JOHNS AVENUE JACKSONVILLE FL 32204	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 *James Donald Alford* Date 12-18-98
REGISTERED AGENT MUST SIGN

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: *SIG James Donald Alford* Date Dec. 18 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 1-904-387-2813

CR2E040 (9/98)