

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Sally Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN -4 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F43174

1. Corporation Name

Jim Napier, Inc.

Principal Place of Business

Mailing Address

P.O. Box 858 1021 Fowler Ave  
Chipley, FL 32428 Chipley, FL 32428

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

9-1-81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2121328

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)

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
PD	Jim Napier	Rt 5 Falling Water Rd	Chipley, FL
SD	Christine Napier	Rt 5 Falling Water Rd	Chipley, FL

300002735463-5  
-01/08/99-01112-004  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jim Napier  
1021 Fowler Ave  
Chipley, FL 32428

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

Jim Napier

REGISTERED AGENT MUST SIGN

Date 12/31/98

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:

Jim Napier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/98

Date

Daytime Phone #

CR2E040 (1/98)

②

Jim Napier Inc  
PO Box 858  
Chipley, Fl 32428  
850-638-9228

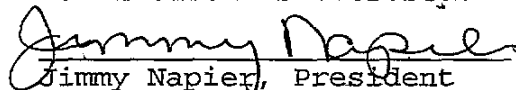
State of Florida  
Secretary of State  
Tallahassee, Fl

Dear Sirs;

Our post office here in Chipley remodeled a couple of years ago. For many years our address had been drawer F. After the remodeling, they changed our address to PO Box 858. They placed our mail in the new box for a brief period of time and then started to return it to the sender.

Our renewal notice for our Corporation Jim Napier Inc was returned to the State offices and we never received it. That is why we did not send the fees to keep our corporation alive.

We are asking that it be renewed and that our address be changed to PO Box 858, Chipley, Fl 32428. A check is enclosed.

  
Jimmy Napier, President

FILED  
98 DEC 30 PM 4:47  
DIVISION OF CORPORATION