

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JUN 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9600000 2351**

1. Corporation Name

FERRELL Holdings INC

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

6724 EPPING FOREST WAY NO

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA

Zip

32217

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3378904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

99-00

7. Name and Address of Current Registered Agent

Name

FRANK YONG

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

1050 RIVERSIDE AVE

Suite, Apt. #, Etc.

600003334886-7

-07/25/00--01047--015

*******900.00 *****900.00**

City

JACKSONVILLE

State

FL

Zip Code

32204

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

Frank J. Yong
REGISTERED AGENT MUST SIGN

Date **5/4/00**

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 |
|--------|--|--|--------------------------------|
| | ROGER E. FERRELL MD PRESIDENT | 6724 EPPING FOREST WAY NO JACKSONVILLE, FLA 32217 | JACKSONVILLE, FLA 32217 |
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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:

Roger Ernest Ferrell Jr, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/2000
Date

904-737-6764
Daytime Phone #