

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -1 PH 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H82999**

1. Corporation Name

C F O, INC.

Principal Place of Business

**4351 PHILLIPS HWY.
JACKSONVILLE FL 32207**

Mailing Address

**4351 PHILLIPS HWY.
JACKSONVILLE FL 32207**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1985

5. FEI Number

50-2009507

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PV	BUREK, RONALD E.	300 N ROSCOE BLVD.	PONTE VEDRA FL
ST	BUREK, DONALD G.	1794 48 S. OCEAN DRIVE	JACKSONVILLE BCH. FL

1-00001997461--6
-11/06/85--01032-018
*****375.00 ***375.00**

B 11-4-90

8. Name and Address of Current Registered Agent

**BUREK, DONALD G.
4351 PHILLIPS WAY
JACKSONVILLE FL 32207**

9. Name and Address of New Registered Agent

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

Donald G. Burek
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/25/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED

Donald G. Burek
Donald G. Burek

10/25/96
Date

(904) 397-8233
Daytime Phone #