

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 # **1183546**

1. Corporation Name

L.J. NICHOLS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

220 GOVERNMENTS ST., SUITE 5
NICEVILLE, FLORIDA 32578

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

2. New Principal Office Address, If Applicable

LESLIE J. NICHOLS

3. New Mailing Address, If Applicable

220 GOVERNMENTS ST.

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

NICEVILLE, FLORIDA

City & State

NICEVILLE, FLORIDA

Zip

32578

Country

OKALOOSA

Zip

32578

Country

OKALOOSA

FILED

97 JAN 13 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-85

5. FEI Number

59-2740347

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
PD	LESLIE J. NICHOLS	220 GOVERNMENT ST., SUITE 5	NICEVILLE, FLORIDA 32578
			000002058730--9 -01/15/97--01027--024 *****8.75 *****8.75
			REINSTATEMENT 94-97
			01/13/97
			000002058730--9 -01/15/97--01027--023 ***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

L.B. NICHOLS
2006 LONG AVE.
PORT ST. JOE, FLORIDA
32456

9. Name and Address of New Registered Agent

Name
LESLIE J. NICHOLS
Street Address (P.O. Box Number is Not Acceptable)
220 GOVERNMENT ST.
Suite, Apt. #, Etc.
SUITE 5
City
NICEVILLE
State
FL
Zip Code
32578

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

Leslie J. Nichols
REGISTERED AGENT MUST SIGN

Date 10-14-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Leslie J. NICHOLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-96

Daytime Phone #

904-678-1644

CR2E040 (12/95)