

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 SEP -8 PM 12:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # J24084

1. Corporation Name  
**Mabry Development Company, Inc.**

Principal Place of Business Mailing Address  
**c/o John N. Bryant**  
**P.O. Box 50604**  
**Jacksonville Beach, FL 32240**

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

2. New Principal Office Address, If Applicable  
**c/o Peter H. Mabry**

3. New Mailing Office Address, If Applicable  
**Same as block 2**

4. Date Incorporated or Date To Do Business in Florida  
**July 10, 1986**

Suite, Apt. #, etc.  
**47 Ocean Walk Drive South**

Suite, Apt. #, etc.

5. FEI Number  
**59-2695376**

Applied For  
 Not Applicable

City & State  
**Atlantic Beach, Florida**

City & State

Zip Country  
**32233 USA**

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     |
|------------|-------------------------------------|---|--------------------------|
| PTD        | Peter H. Mabry                      | 47 Ocean Walk Drive South   | Atlantic Beach, FL 32233 |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |

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 \*\*\*1650.00 \*\*\*1650.00

8. Name and Address of Current Registered Agent

**John N. Bryant**  
**1101 Blackstone Building**  
**Jacksonville, Florida 32202**

9. Name and Address of New Registered Agent

Name **Peter H. Mabry**  
 Street Address (P.O. Box Number is Not Acceptable)  
**47 Ocean Walk Drive South**  
 Suite, Apt. #, Etc.  
 City **Atlantic Beach** State **FL** Zip Code **32233**

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 *Peter H. Mabry*

REGISTERED AGENT MUST SIGN

Date **August 31, 1999**

11. This corporation owes 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: *Peter H. Mabry*, as President August 31, 1999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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