

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra M. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J54789

1. Corporation Name

Conn and Christine, P.A.

Principal Place of Business

Mailing Address

28 Cordova Street
St. Augustine, FL 32084

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

2. New Principal Office Address, If Applicable
28 Cordova Street

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2752131

Applied For

Not Applicable

City & State

St. Augustine, FL

City & State

Zip

32084

Country

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)

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
1	2	3	4
PD	Alexander R. Christine	25 Riberia Street	St. Augustine, FL 32084
DVS	David G. Conn	28 Cordova Street	St. Augustine, FL 32084
T	Alexander R. Christine	25 Riberia Street	St. Augustine, FL 32084

200002594702-7
-07/22/98--01005--001
****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alexander R. Christine, Jr.
25 Riberia Street
St. Augustine, FL 32084

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

x

REGISTERED AGENT MUST SIGN

Date 7-9-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-98

Date

904-829-0523

Daytime Phone #

CR2E040 (1/98)

LAW OFFICE OF
CONN and CHRISTINE, P.A.

28 Cordova Street
St. Augustine, Florida 32084
(904) 829-0523

DAVID G. CONN
ALEXANDER R. CHRISTINE, JR.

TELECOPIER
(904) 829-5943

July 9, 1998

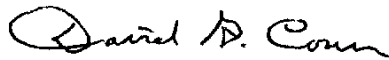
The Honorable Sandra Morthan
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Conn and Christine, P.A.

Dear Ms. Morthan:

Pursuant to the instructions by your staff, enclosed is a Completed Application for Reinstatement and this firm's check in the amount of \$150.00 plus \$165.00 for a total of \$315.00. Our office moved from 100 Southpark Boulevard and we did not receive any notices from your office. Please excuse the delay in filing for that reason.

Sincerely,



David G. Conn

Encl. (2)