

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 # J60973

1. Corporation Name

PIER SEAFOOD OF NORTH JACKSONVILLE, INC.

Principal Place of Business

1081 N. VOLUSIA AVE.  
ORANGE CITY FL 32763

Mailing Address

1081 N. VOLUSIA AVE.  
ORANGE CITY FL 32763

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

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
PSD	SIMMONS, ROLAND E	970 STARDUST WAY	DELAND FL

200002014338--6  
-11/26/96--01099--018  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

SIMMONS, ROLAND E.  
1081 N. VOLUSIA AVE  
ORANGE CITY FL 32763

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

*ROLAND E. SIMMONS*

REGISTERED AGENT MUST SIGN

Date 11-18-96

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:

*ROLAND E. SIMMONS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLAND E. Simmons

President

11-18-96

Date

(904) 775-2669

Daytime Phone #

FILED

96 NOV 21 PH 12: 25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

9665

CR-63346 (7/95)