

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 13 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K06279

1. Corporation Name

INVICTUS INCORPORATED OF PONTE VEDRA

2. Principal Office Address

1200 RIVER PLACE BLVD.
~~480 South Edgewood Ave.~~

3. Mailing Office Address

1200 RIVER PLACE BLVD
~~P.O. Box 6746~~

Suite, Apt. #, etc.

SUITE 902

Suite, Apt. #, etc.

SUITE 902

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207
~~32205-3775~~

Country

USA

Zip

32207
~~32236-6746~~

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1987

5. FEI Number

592860513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ben T. Franklin, Jr.

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

903 River Oaks Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/10/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DVP	G. Bruce Douglas	814 Hwy N., Ste. 201	Ponte Vedra Beach, FL
DPS	Ben T. Franklin, Jr.	903 River Oaks Rd.	Jacksonville, FL 32207

10. 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

2/10/03

Date

904/399-1200

Daytime Phone #

CR2E081 (10/02)