

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 AUG 26 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K25661

1. Corporation Name

The Continental Florida Group, Inc.

Principal Place of Business

Mailing Address

~~3121 Venture Place~~  
~~Suite 1~~  
~~Jacksonville, FL 32257~~

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

2. New Principal Office Address, If Applicable

4110 Southpoint Boulevard

Suite, Apt. #, etc.

Suite 115

City & State

Jacksonville, Florida

Zip

32216-0947

Country

USA

3. New Mailing Office Address, If Applicable

4110 Southpoint Boulevard

Suite, Apt. #, etc.

Suite 115

City & State

Jacksonville, Florida

Zip

32216-0947

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06-08-1989

5. FEI Number

59-3043268

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|---|--|---|
| P             | Hatchett, Darrell R.                      | 4110 Southpoint Boulevard<br>Suite 115   | Jacksonville, FL 32216-0947                                       |
| VP            | Wieteska, David L                         | 4110 Southpoint Boulevard<br>Suite 115   | Jacksonville, FL 32216-0947                                       |
|               |   |  | 100002974491--8<br>-08/31/99--01040--010<br>***1650.00 ***1650.00 |
|               |   |  | 100002974491--8<br>-08/31/99--01040--011<br>*****8.75 *****8.75   |

8. Name and Address of Current Registered Agent

Darrell R. Hatchett  
11247 San Jose Boulevard #202  
Jacksonville, FL 32223-7459

9. Name and Address of New Registered Agent

Name  
Darrell R. Hatchett  
Street Address (P.O. Box Number is Not Acceptable)  
4110 Southpoint Boulevard  
Suite, Apt. #, Etc.  
Suite 115  
City  
Jacksonville,  
State  
FL Zip Code  
32216-0947

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

REGISTERED AGENT MUST SIGN

Date

8-25-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-25-99

904-296-4485

KE

CR2001 (12/98)