

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 PM 12:13

DOCUMENT # K28257

1. Corporation Name

C. J. FRAZIER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~2180 KINGS ROAD~~ 531 W Union
SUITE A
JACKSONVILLE FL 32209-32202

~~2180 KINGS ROAD~~ 531 W Union
SUITE A
JACKSONVILLE FL 32209-32202



REINSTATEMENT 00

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

531 W Union St
Suite, Apt. #, etc.

531 W Union St
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1988

5. FEI Number

59-2896517

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	QUEEN, CANDACE	2180 KINGS RD	JACKSONVILLE FL 32209
PST	Torrence King	531 W Union St	Jacksonville FL 32202 32202
			8000003463438--8 -11/15/00--01005--001 ****750.00 ****750.00
			10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~QUEEN, CANDACE~~
~~2180 KINGS RD~~
~~JACKSONVILLE FL 32209~~

TORRENCE King
531 W Union St
Jacksonville FL
32202

Name Torrence King
Street Address (P.O. Box Number is Not Acceptable)
531 W Union St
Suite, Apt. #, Etc.
City Jacksonville
State FL Zip Code 32202

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-27-2000

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-2000

Daytime Phone #

CR2E040 (8/00)