

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

99 OCT 20 PM 12: 59

DOCUMENT # **K37220**

1. Corporation Name

**ON STAGE II OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

1910 WELLS ROAD  
ORANGE PARK FL 32073

1910 WELLS ROAD  
ORANGE PARK FL 32073

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/04/1988

5. FEI Number

59-2910915

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
DPS	MENAGED, WALTER Y.	1910 WELLS RD	ORANGE PARK FL

280803827842-3  
-10/27/99-01098-012  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENAGED, WALTER V.  
1910 WELLS RD  
ORANGE PARK FL 32073

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

*Walter Menaged*

Date

10-12-99

REGISTERED AGENT MUST SIGN

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:

*Walter Menaged*  
Walter Menaged

Date

10-12-99

Daytime Phone #

904 269

1373

**October 14, 1999**

**Dear Sir/Madam:**

**I would like to request a one time waiver for the late fees for The 1999 Profit Corporation Annual Report.**

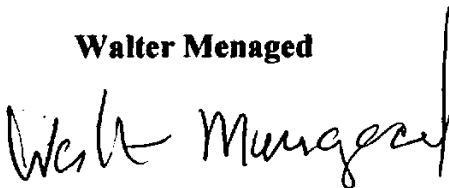
**I have filed this report on time for the last 10 years however, I never received a notice this year. This could be attributed to the fact that we moved within the mall this past year, although to our knowledge we have received all of our mail. I called your office on October 14 and spoke with an examiner who advised me to send in the Application for Reinstatement with a check for \$150 and this letter and that you would waive the fees this one time.**

**I am now aware that it is the corporations responsibility to make sure the Annual Report will be filed by May 1 whether or not I receive the Packet or not.**

**Thank you very much for your cooperation and understanding.**

**Sincerely,**

**Walter Menaged**

A handwritten signature in cursive script that reads "Walter Menaged". The signature is written in dark ink and is positioned below the typed name.