

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 12 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49660

1. Corporation Name

PROBLEM, INC.

Principal Place of Business

~~9005 ORTEGA BLVD.~~
~~JACKSONVILLE FL 32210~~

Mailing Address

~~9005 ORTEGA BLVD.~~
~~JACKSONVILLE FL 32210~~

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

2. New Principal Office Address, If Applicable

2421 Dennis St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 41123
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1988

5. FEI Number

59-2921589

Applied For

Not Applicable

City & State

City & State

Jacksonville, FL

Zip

32204

Country

Zip

32203-1123

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	MORRIS, WILLIAM H	3935 ORTEGA BLVD.	JACKSONVILLE FL

500002346595-- 3
-11/13/97--01078--017
*******750.00 *****750.00**

PR 11/13

8. Name and Address of Current Registered Agent

MORRIS, WILLIAM H
3935 ORTEGA BLVD
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

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

William H Morris

REGISTERED AGENT MUST SIGN

Date **10/29/97**

11. This corporation owes or has paid 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:

William H Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97 904-358-8971

Date

Daytime Phone #

CR20040 (8/97)