

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 DEC 27 AM 11:42

CORPORATION
REINSTATEMENT



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

DOCUMENT # K.66492
1. Corporation Name
JAMES K. QUINN, Jr. P.A.

REINSTATEMENT

13
93.01

2. Principal Office Address
168 STRAWBERRY LANE
Suite, Apt. #, etc.

3. Mailing Office Address
168 STRAWBERRY LANE
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA
Zip 32259 Country USA

City & State
JACKSONVILLE, FLORIDA
Zip 32259 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
FEB. 13, 1989

5. FEI Number
59-2934390
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
JAMES K. QUINN, Jr.
Street Address (P.O. Box Number is Not Acceptable)
168 STRAWBERRY LANE
Suite, Apt. #, Etc.
City
JACKSONVILLE
State
FL
Zip Code
32259

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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 [Signature] JAMES K. QUINN, Jr. Date 12.26.01
REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>JAMES K. QUINN, Jr.</u>	<u>168 STRAWBERRY LANE</u>	<u>JACKSONVILLE, FL. 32259</u>

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)(l), 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] JAMES K. QUINN, Jr. Date 12.26.01 (904) 230.9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)