

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 DEC 27 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



REINSTATEMENT 1999

DOCUMENT # L19620

1. Corporation Name

HINES DEVELOPMENT COMPANY

Principal Place of Business

400  
3621 ST AUGUSTINE RD  
JACKSONVILLE FL 32207

Mailing Address

3600  
3621 ST AUGUSTINE RD  
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
3600 St Augustine Rd  
City & State  
Jacksonville FL  
Zip 32207 Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
3600 St Augustine Rd  
City & State  
Jacksonville FL  
Zip 32207 Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/1989

5. FEI Number

59-2969168

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	HINES, SAMUEL J.	3621 ST AUGUSTINE RD	JACKSONVILLE FL
DPS	Hines Samuel J.	3600 St Augustine Rd	Jacksonville FL 32207
			000003099070--9 -01/14/00--01065--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, PA  
50 N. LAURA  
SUITE 3100  
JACKSONVILLE FL 32202

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

*[Handwritten signature]*  
Hines VP  
REGISTERED AGENT MUST SIGN

Date 11/3/99

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:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/99  
Date

904/399/4592  
Daytime Phone #

CR2E040 (8/99)