

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L362609

1. Corporation Name

Harwell - Luck III, Inc.

Principal Place of Business

Mailing Address

c/o Jeffrey M. Jacobs
9471 Baymeadows Rd.
Suite 302
Jacksonville, FL 32256

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

2. New Principal Office Address, If Applicable

9471 Baymeadows Rd.
Suite, Apt #, etc.
Suite 302

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. New Mailing Office Address, If Applicable

Same

Suite, Apt #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
12/14/89

5. FEI Number

59-3024464

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Harwell, E.O., Jr.	9471 Baymeadows Rd.	Jacksonville, FL 32256
D	Luck, John V.	9471 Baymeadows Rd.	Jacksonville, FL 32256
D	Jeffrey M. Jacobs	9471 Baymeadows Rd.	Jacksonville, FL 32256
			8000002119988--2 -03/20/97--01146--009 ***1253.75 ***1253.75 3/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Jeffrey M. Jacobs

Street Address (P.O. Box Number is Not Acceptable)

9471 Baymeadows Rd.

Suite, Apt #, Etc.

Suite 302

City

Jacksonville

State

FL

Zip Code

32256

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

Jeffrey M. Jacobs

REGISTERED AGENT MUST SIGN

Date 3/18/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Jeffrey M. Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97
Date

904739-0399
Daytime Phone #

CR2E040 (12/96)