

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86951

1 Corporation Name

R.A. Fox Enterprises, Inc.

Principal Place of Business

Mailing Address

4417 Beach Blvd, #404
Jacksonville, FL 32207

300002041113--5
-12/30/96--01041--013
****375.00 ****375.00

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

4417 BEACH BLVD
Suite, Apt. #, etc. # 202

3 New Mailing Address, If Applicable

1728 Leslie Court
Suite, Apt. #, etc.

4 Date Incorporated or Qualified
To Do Business in Florida

9/23/1991

5 FEI Number

59-3019909

Applied For

Not Applicable

City & State

JACKSONVILLE, FL.

City & State

Fernandina Beach, FL

Zip

32207

Country

U.S.A.

Zip

32034

Country

U.S.A.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
with 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Robert Alan Fox	4417 Beach Blvd. # 202	Jacksonville, FL 32207

REINSTATEMENT 1/96
G. Alan
12/24/96

8. Name and Address of Current Registered Agent

R.A. Fox Enterprises, Inc.
D/B/A Jani King
4417 Beach Blvd. #404
Jacksonville, FL 32207

9. Name and Address of New Registered Agent

Name ROBERT ALAN FOX

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

4417 BEACH BLVD.

Suite, Apt. #, Etc.

202

City

JACKSONVILLE

State

FL

Zip Code

32207

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.056, F.S.

Signature of
Registered Agent

Robert Alan Fox

REGISTERED AGENT MUST SIGN

Date

12/19/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Robert Alan Fox Robert Alan Fox

Date

11/26/96

Daytime Phone #

(904) 277-2730

CR2040 (12/95)