

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

10/2  
FILED

01 DEC 21 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L88353

1. Corporation Name

NEPTUNE EMBROIDERY, INC.

Principal Place of Business

2101 FLORIDA BLVD  
NEPTUNE BEACH FL 32266  
US

Mailing Address

2101 FLORIDA BLVD  
NEPTUNE BEACH FL 32266  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3019692

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ERVIN, E. LEE III	<del>226 SABAL PALM COURT W.</del>	<del>PONTE VEDRA BEACH FL</del>
D	ERVIN, KANJANA T.	226 SABAL PALM COURT W.	PONTE VEDRA BEACH FL
			700004764297-LS -01/10/02--01017--008
S	Kanjana T. Overman	226 Sable Palm Court W.	****150.00 ****150.00 Ponte Vedra Beach, FL 32082
P	ERVIN, E. LEE III	3369 Zephyr Way N.	Jacksonville Beach FL

8. Name and Address of Current Registered Agent

ERVIN, E. LEE III  
226 SABAL PALM COURT WEST  
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Lee Ervin

Date

15 Oct 01

904-231-1724

CR2040 (8-01)

202

## Neptune Embroidery

2101 Florida Blvd. • Neptune Beach, FL 32266  
(904) 241-1724 • Fax (904) 247-8442

12/20/01

Mrs Michelle Milligan  
Division of Corps  
PO Box 6327  
Tallahassee, FL 32314

Ms Milligan,

To the best of our knowledge we  
never received the original UBR.

The officers, names, dates and addresses  
are listed on the application for  
reinstatement.

We thank you for your time.

Sincerely



Lee ERVIN