

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M97870**

1. Corporation Name

**SIMS DESIGN CONSULTANTS, INC.**

Principal Place of Business

**8301 GYPRESS PLAZA DR. SUITE 147  
JACKSONVILLE FL 32256**

Mailing Address

**8301 GYPRESS PLAZA DR. SUITE 147  
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  
**6272 DuPont Station Court**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**6272 DuPont Station Court**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip **32217**

Country

Zip **32217**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/09/1988**

5. FEI Number

**31-1250995**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$6.75 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 (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip   |
|-------------|--------------------------------------|--|-------------------------|
| PD          | SIMS, JOHNNY C.                      | 12619 GATHERING OAKS DR.   | JACKSONVILLE FL 32223   |
| VD          | MOORE, HAROLD W.                     | 4524 DONALD STREET   | JACKSONVILLE FL         |
| VD          | GRIMES, GORDON E.                    | 4604 RIVERGATE TRAIL   | JACKSONVILLE FL         |
| VD          | Mann, David A.                       | 2969 Oak Road<br>P.O. Box 1553   | Orange Park, FL 32065   |
| VD          | Durden, Terry M.                     | 258 LaGuna Court   | St. Augustine, FL 32086 |
|             |                                      |  |                         |

8. Name and Address of Current Registered Agent

**SIMS, JOHNNY C.  
12619 GATHERING OAKS DRIVE  
JACKSONVILLE FL 32258**

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

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

REGISTERED AGENT MUST SIGN

Date **April 18, 1997**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 APR 30 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (7/96)