

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

99 MAR -4 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04918**

1. Corporation Name

THE FLORIDA NATIONAL PAVILION, INC.

Principal Place of Business

% MARTHA J. FRASER
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202

Mailing Address

% MARTHA J. FRASER
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202



REINSTATEMENT

98-99ad

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1984

5. FEI Number

54-2477168

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	MOORE, WILLIAM D	4154 CHELMSFORD RD	TALLAHASSEE FL
STD	MOBLEY, JEANNE S.	7623 BAYMEADOWS CIR. W., #2072	JACKSONVILLE FL
CD	WELLS, DAVID B	4150 CASTLEBAY DR. 4743 CUMBERLAND COVE CT	JACKSONVILLE FL 32257
			400002800014--5 -03/09/99--01088--028 ****245.00 ****245.00
			400002800014--5 -03/09/99--01088--028 ****61.25 ****61.25

8. Name and Address of Current Registered Agent

FRASER, MARTHA J.
100 FESTIVAL PARK AVE
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

Martha J. Fraser

REGISTERED AGENT MUST SIGN

Date 11/23/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Wells
DAVID B. WELLS

CHAIRMAN

11/23/98

Date

904 6362199

Daytime Phone #

CR2640 (9/98)