

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000004126

1. Corporation Name:

Florida EDI1, Inc.

Principal Place of Business:

Highway 441 North
Alachua, FL 32614-0666

Mailing Address:

7707 Bonnevall Road #335
Jacksonville, FL 32216-0666

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

2. New Principal Office Address, If Applicable:
685 Greenwood Manor Cir.

Suite, Apt. #, etc.

City & State: Melbourne, FL

Zip: 32904

Country: Brevard

3. New Mailing Office Address, If Applicable:
710 North Third St.

Suite, Apt. #, etc.

City & State: Jacksonville, FL

Zip: 32250

Country: Duval

4. Date Incorporated or Qualified
To Do Business in Florida
September 8, 1993

5. FEI Number
59-3203604

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 4
CD	Jeff Burns	726 South Granada Blvd	Jacksonville, FL 32207
VCD	Margo H. Noel	710 North Third St	Jacksonville Beach, FL 32250
TD	M. Kathryn Merry	685 Greenwood Manor Cir	Melbourne, FL 32904
D	Don Powell	8720 Summerville Place	Orlando, FL 32819-3844
D	Carlos Garcia	850 NW 122 Avenue	Miami, FL 33182

8. Name and Address of Current Registered Agent

Smith Hulsey & Busey
225 Water Street, Suite 1800
Jacksonville, Florida 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 By: Harry M. Wilson, III

Harry M. Wilson, III

Date: 5/5/98

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: M. Kathryn Merry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Kathryn Merry, Treasurer

17 June 98
Date

407-724-2698
Daytime Phone #

CR20040 (1/98)