

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC 31 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003087**

1 Corporation Name

MOPED OF JACKSONVILLE, INC.

Principal Place of Business

**1319 N MYRTLE AVE
JACKSONVILLE FL 32209**

Mailing Address

**1319 N MYRTLE AVE
JACKSONVILLE FL 32209**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1994

5. FEI Number

59-335987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS (S) SIGNED ☒

Additional Fee required
for 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
DP	HARRIS, LEE L	1282 W 4TH ST	JACKSONVILLE FL 32209
D	GEE, BIRNETT	2564 MINOSO CIR W	JACKSONVILLE FL 32209
D	LEWIS, CLIFFORD E SR	5565 MINOSO CIR E	JACKSONVILLE FL 32209
D	PIERCE, HAROLD	6720 CASPER CIR	JACKSONVILLE FL 32208
D	LEE, WILLIE T SR	7850 W CONCORD BLVD	JACKSONVILLE FL 32208
D	ALEXANDER, LORENZO	11668 CARAPACE LN	JACKSONVILLE FL 32218

8. Name and Address of Current Registered Agent

**HARRIS, LEE L
1319 N MYRTLE AVE
JACKSONVILLE FL 32209**

9. Name and Address of New Registered Agent

Name **500002042125--6**
-12/31/96--01031--022
Street Address (P.O. Box Number is Not Acceptable) **175.00 ***175.00**
Suite, Apt. #, Etc. **05/04/96 01035 00 2**
City **61-25 Bank** 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

[Signature]

REGISTERED AGENT MUST SIGN

500002042125--6
Date **12/31/96** -12/31/96--01031--022
***175.00 ***175.00

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.)

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

Date

Daytime Phone #