

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 25 AM 8:37

DOCUMENT # ~~1193000005696~~

1. Corporation Name

~~1194000003087~~  
MOPEL OF Jacksonville, Inc.

2. Principal Office Address

1301 N. Myrtle Ave.  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 40845  
Suite, Apt. #, etc.

**REINSTATEMENT**

City & State

Jacksonville, Florida

Zip

32209

Country

USA

City & State

Jacksonville, Florida

Zip

32203

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/20/94

5. FEI Number

59-3359870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee E. Harris

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

1262 W. 4th Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Lee E. Harris*

Date

4/25/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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City / State / Zip

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Lee E. Harris	1262 W. 4th Street.	Jacksonville, Fl. 32209
D	Birnett Ger	2564 MINOSA Cir. W.	Jacksonville, Fl. 32209
D	Harold Pierce	6720 Gaspar Circle	Jacksonville, Fl. 32218
D	David Hall	10949 Key Vega Drive	Jacksonville, Fl. 32218
D	Stanley Robinson	1319 N. Myrtle Ave.	Jacksonville, Fl. 32209
D	Jackie Morgan	1319 N. Myrtle Ave.	Jacksonville, Fl. 32209

10. 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:

*Lee E. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

(904) 355-0015

Daytime Phone #

CR2E081 (10/02)