

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 19 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

N99000004798

1. Corporation Name

FIRSTTEE of ST. JOHNS COUNTY, INC.

2. Principal Office Address

4401 CYPRESS LINKS BLVD.

Suite, Apt. #, etc.

City & State

ELKTON, FL.

Zip  
32033

Country  
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8.9.99

5. FEI Number

59-3595774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOSEPH L. BOLES, JR.

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

120 CHARLOTTE ST.

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32084

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

X

Date 6-5-03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	CHRIS SMITH	3403 LANDS END DR.	ST. AUGUSTINE, FL. 32095
PRES.	JOE PEARCE	212 NORTH WIND CT.	PONTEVEDRA BCH, FL. 32082
SEC.	THOMAS JACKSON	917 CHIPPEWAA ST.	ST. AUGUSTINE, FL. 32084
EXEC. DIR.	ED BURNLEY	9661 BAYOU BLUFF DR.	JACKSONVILLE, FL. 32257

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:

*Ed Burnley*

EXEC. DIRECTOR

5/28/03

(904.810.2231)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)