

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008665

1. Corporation Name

FLORIDA PREMIER INVESTMENTS & MANAGEMENT, INC.

Principal Place of Business

1866 EPPING FOREST WAY SOUTH  
JACKSONVILLE FL 32217

Mailing Address

1866 EPPING FOREST WAY SOUTH  
JACKSONVILLE FL 32217



REINSTATEMENT 02

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

24-0624046

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PVST	KINCAID, DONALD V	1866 EPPING FOREST WAY SOUTH	JACKSONVILLE FL 32217
D	KINCAID, DONALD V	1866 EPPING FOREST WAY SOUTH	JACKSONVILLE FL 32217

600009720536  
12/27/02--01067--013 \*\*750.00

8. Name and Address of Current Registered Agent

GUIDI, DENNIS E  
1837 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

PATRICK KINCAID

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

2002 SAN MARCO BLVD #204

Suite, Apt. #, Etc.

City

JAX, FL

State

FL

Zip Code

32207

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-18-02

11. 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 REQUIRED~~  
DONALD V. KINCAID

Date

12/18/02

Daytime Phone #

904-398-3552

CR2ED40 (8/02)