

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000033591

1. Corporation Name

LOCKWOOD FREELAND COMMERCIAL REALTY, INC.

Principal Place of Business

4521 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

Mailing Address

4521 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207
P.O. Box 10233
Jacksonville, FL 32247

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 10233
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32247

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2000

5. FEI Number

59-3638601

Applied For

N/A 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LOCKWOOD, JOHN D	4521 ATLANTIC BOULEVARD	JACKSONVILLE FL 32207
VSD	FREELAND, BARBARA A	4521 ATLANTIC BOULEVARD	JACKSONVILLE FL 32207
TD	FREELAND, ROBERT C	4521 ATLANTIC BOULEVARD	JACKSONVILLE FL 32207

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***150.00 ***150.00

8. Name and Address of Current Registered Agent

LOCKWOOD, JOHN D
4521 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

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

John D Lockwood

REGISTERED AGENT MUST SIGN

Date 10/12/01

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:

Barbara A. Freeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01 904-281-9900

Daytime Phone #



2002

October 12, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement Fee for Document # P00000033591

Enclosed is a check in the amount of \$150.00.

This is the first notice we have received. Perhaps because the notice may have not reached us because we are in a multi-tenanted building. We have changed our mailing address on this form to our Post Office box. Could you please waive the late fee since we never received any notices before this one.

Thank you.

Very truly yours,

Barbara A. Freeland, RPA

BAF:mk