

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 24 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033591

1. Corporation Name

**Lockwood Freeland Commercial Realty, Inc.**

2. Principal Office Address

**4521 Atlantic Blvd**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32207**

Country

**Duval**

3. Mailing Office Address

**P.O. Box 10233**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32247**

Country

**Duval**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/28/2000**

5. FEI Number

**59-3638601**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**John D. Lockwood**

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

**4521 Atlantic Blvd**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32207**

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

*John D. Lockwood*  
REGISTERED AGENT MUST SIGN

Date **2-18-04**

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
P/D	Lockwood, John D	4521 Atlantic Blvd	Jacksonville, FL 32207
V/S/D	Freeland, Barbara A	4521 Atlantic Blvd	Jacksonville, FL 32207
T/D	Freeland, Robert C	4521 Atlantic Blvd	Jacksonville, FL 32207

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:

*Barbara A. Freeland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-04**

Date

**904-281-9900**

Daytime Phone #

CR2E081 (01/04)

2 of 2



February 18, 2004

Department of State  
Divisions of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Lockwood Freeland Commercial Realty, Inc. P000000 33591

Enclosed is a check in the amount of \$300.00 for the filing fees for 2003 and 2004. Also enclosed is the corporation reinstatement form.

The corporation did not receive a notice for filing; therefore it is my hope that the late fee is waived.

Should you need further information please contact me at (904) 281-9900.

Yours very truly,

A handwritten signature in black ink, appearing to read "Barbara A. Freeland". The signature is fluid and cursive, with the first name "Barbara" and last name "Freeland" clearly distinguishable.

Barbara A. Freeland  
Vice President

BAF:mk

Encls.