

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000035017

1. Entity Name  
NESHOPA ASSOCIATES, INC.



Principal Place of Business  
1331 NORTH FIRST ST, STE 802  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
PO BOX 2827  
PONTE VEDRA BEACH, FL 32004

2. Principal Place of Business  
7111 Davis Creek Road

3. Mailing Address  
P. O. Box 23887

Suite, Apt. #, etc.  
Suite 7

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32256

Country

Zip  
32241

Country

02102006 REIN-P CR2E098 (11/05)

4. FEI Number  
59-3637131

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD K  
501 WEST BAY STREET  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard K. Jones*

Richard K. Jones, Reg. Agent.

02/10/06

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BURNSIDE, P. ELLIOTT  
STREET ADDRESS 501 W. BAY ST., STE. 110  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Burnside, P. Elliott  
STREET ADDRESS 7111 Davis Creek Road, Suite 7  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*P. Elliott Burnside*  
P. Elliott Burnside, President

02/10/06

(904) 298-6481

Date

Daytime Phone #

FILED

06 FEB 15 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FL  
REINSTATEMENT 05-06

