

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000050127

**1. Corporation Name**

North Florida Land Development, Inc.

**2. Principal Office Address**

6741 Lloyd Road W.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32254

Country

USA

**3. Mailing Office Address**

One Independent Dr.

Suite, Apt. #, etc.

2301

City & State

Jacksonville, FL

Zip

32202

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3647181

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

02 MAR -1 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/08/02--01065--013

REINSTATEMENT \*\*\*150.00

01.02

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

Name

Daniel D. Akel, Esq.

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

One Independent Drive, Suite 2301

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

**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

Date 2-12-02

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
D,P	John David Coxwell	6741 Lloyd Road West	Jacksonville, FL 32254

**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:**

*John David Coxwell*

John David Coxwell, President

904-786-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #