

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

**CORPORATION
REINSTATEMENT**



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

02 MAY -3 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051423

1. Corporation Name

SAINTS DEVELOPMENT CORPORATION
OF NORTH FLORIDA

300005492329--8
-05/08/02--01059-013
***600.00 ***600.00

2. Principal Office Address

1834 Buccaneer Cir E

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32225

Country

USA

3. Mailing Office Address

1834 Buccaneer Cir E

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32225

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

\$25,2000

5. FEI Number

593648521

☒ 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

Miller, John McE. P.A.

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

333 1st St N

Suite, Apt. #, Etc.

Suite 305

City

Jacksonville Beach FL

State

FL

Zip Code

32250

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

[Signature]

Date

4-30-02

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
P.O	Kennedy, Richard E	1834 Buccaneer Cir E	Jax, FL, 32225
M.T	Singleton, Patrick M	13110 Professional Dr. STE 100A	Jax, FL 32225

03/06/02 90134 017

\$300.00

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:

[Signature]

Richard E Kennedy

Date

4-30-02

Daytime Phone #

904 221-5304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR