

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 15 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073033

1. Corporation Name
Underpar Enterprises, Inc.

2. Principal Office Address
6127 Atlantic Boulevard

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip
32207

Country
USA

3. Mailing Office Address
3127 Atlantic Boulevard

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip
32207

Country
USA

800004733328--3
-12/19/01--01068--011
****750.00 ****750.00

REINSTATEMENT 2001

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/27/2000

5. FEI Number
59-3661990

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
Samuel L. LePrell

Street Address (P.O. Box Number is Not Acceptable)
1930 San Marco Boulevard

Suite, Apt. #, Etc.
Suite 201

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** [Signature]
REGISTERED AGENT MUST SIGN

Date 11/12/01

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	Anthony D. Berry	3825 Brampton Island Court	Jacksonville, FL 32224
S,D	J. Richard Moore, Jr.	3427 Randolph Street	Jacksonville, FL 32207
T,D	John J. Rahaim, II	8756 Rolling Brook Lane	Jacksonville, FL 32256
V,D	David P. Dearing	5124 Harbor Point Circle	Jacksonville, FL 32210
V,D	Richard D. Watson	887 Grove Bluff Circle North	Jacksonville, FL 32259

10. I certify that I am an officer or director or the recorder 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-01
Date

(904) 399-8989

Daytime Phone #

CR2E081 (9/00)