

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000111966

1. Corporation Name

ACORN OF NASSAU COUNTY, INC.

Principal Place of Business

1506 PRUDENTIAL DRIVE
SUITE 102
JACKSONVILLE FL 32207

Mailing Address

1506 PRUDENTIAL DRIVE
SUITE 102
JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

11/28/2000

5. FEI Number

59-3714213

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GILMORE, JAMES H JR	1506 PRUDENTIAL DRIVE STE 102	JACKSONVILLE FL 32207
VP	CATLETT, JAMES J	1506 PRUDENTIAL DRIVE STE 102	JACKSONVILLE FL 32207

100024578841
11/12/03--01009--013 **150.00

8. Name and Address of Current Registered Agent

~~CRABTREE, R.R.~~

~~8777 SAN JOSE BLVD~~

~~BLDG. A STE 200~~

~~JACKSONVILLE FL 32217~~

9. Name and Address of New Registered Agent

Name

LARRY HOWARD

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

1506 PRUDENTIAL DR

Suite, Apt. #, Etc.

Suite 102

City

Jacksonville

State

FL

Zip Code

32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/07/03

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/03

Daytime Phone #

CR20040 (7/03)

November 7, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Acorn of Nassau County, Inc.
Document # P00000111966

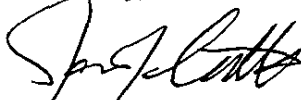
Division of Corporations:

We are in receipt of the Notice of Administrative Dissolution or Revocation for the above referenced corporation. However, this is the first notice received by our company and therefore the Uniform Business Report was never filed.

We are interested in reinstating this corporation and are requesting a waiver of the reinstatement fee. The reinstatement form is attached along with a check in the amount of \$150.00 to cover the cost of the original filing fee.

Thank you for your consideration. Please call me with any questions.

Sincerely,



James J. Catlett
President