

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 26 AM 11:30

DOCUMENT # P01000023729

1. Corporation Name

2001 PROPERTIES, INC.

Principal Place of Business

2001 ART MUSEUM DR  
JACKSONVILLE FL 32207

Mailing Address

2001 ART MUSEUM DR  
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

708 Third Street North  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

708 Third Street North  
Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL 32250  
Zip 32250 Country USA

City & State

Jacksonville Beach, FL  
Zip 32250 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2001

5. FEI Number

59-3705003

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
D	AMMONS, ANTHONY R SR	2001 ART MUSEUM DR	JACKSONVILLE FL 32207
8 AST	BREAULT, RAYMOND A	2001 ART MUSEUM DR 708 Third Street North	JACKSONVILLE FL 32207 Jacksonville Beach, FL 32250

600021155036  
06/26/03--01022--015 \*\*908.75

8. Name and Address of Current Registered Agent

HOUSTON, CLARENCE H JR  
1050 RIVERSIDE AVE  
JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

6-24-03

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/23/03

Daytime Phone #

(904) 247-7414