

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P01000034478

1. Corporation Name

JACK RHODES, CONSULTANT, INC.

Principal Place of Business

610 GRAND BLVD., SUITE 200
DESTIN FL 32541

Mailing Address

P.O. BOX 1918
SANTA ROSA BEACH FL 32459

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2001

Suite, Apt. #, etc.

21 North Spooky Ln

Suite, Apt. #, etc.

City & State
Santa Rosa Beach, FL

City & State

Zip
32459

Country
USA

Zip

Country

5. FEI Number

59 3734351

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Director	Jack Rhodes	21 N Spooky Lane	Santa Rosa Bch, FL 32459
President			
Secretary			
Treasurer			

8. Name and Address of Current Registered Agent

HAWKINS, JOHN W ESQ.
MATTHEWS & HAWKINS, P.A.
607 HIGHWAY 98 EAST
DESTIN FL 32541

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

10/31/12

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

Daytime Phone #

10/31/12 850
2071592

CR2E040 (8/02)