

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200009670402
12/24/02--01043--014 **158.75

200009670402
12/24/02--01043--014 **236.25

DOCUMENT # P01000038145

1. Corporation Name

Townsend + Fielding, Inc

2. Principal Office Address

6040 Glenroy Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

6040 Glenroy Terrace

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32258

Country

USA

Zip

32258

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-01

5. FEI Number

59-3720503

X

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

Paul D. Townsend SR.

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

6040 Glenroy Terrace

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

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

Paul D. Townsend SR.

REGISTERED AGENT MUST SIGN

Date

12/18/02

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
D	Paul D. Townsend	6040 Glenroy Terrace	Jacksonville, FL 32258
D	Betty J. Townsend	6040 Glenroy Terrace	Jacksonville, FL 32258

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:

Paul D. Townsend SR.

Date

12/18/02

Daytime Phone #

CR25081 (9/01)



12412 San Jose Blvd., Suite 101
Jacksonville, FL 32223
(904) 260-1099 Fax # (904) 292-1015

Monday, December 19, 2002

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

Re: Continued Registration of Townsend & Fielding, Inc.
6040 Glenroy Terrace
Jacksonville, Fl. 32258
Document # P01000038145

In response to the enclosed Application for Reinstatement. We have enclosed form DR-835 assigning Thomas P. Carroll, E.A. with Power of Attorney.

As previously stated on our first letter to the Florida Department of State. We are requesting an acceptance of the enclosed check for \$158.75 to keep the corporation active. My client did not receive the original 2002 Uniform Business Report until after the September 2002 deadline.

Again, we request you accept the enclosed check for \$158.75 to keep the corporation active for 2002, and waive the \$400.00 late fee.

We thank you in advance for your prompt reply.

Sincerely,

Thomas P. Carroll, E.A.

Enclosures: Corporation Reinstatement Form
Check for \$158.75

Cc: Copy to Client
Copy to File