

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

NON-PROFIT CORPORATIONS

FILED

02 OCT 28 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092628

1. Corporation Name

JOE DUNN ASSOCIATES, INC.

Principal Place of Business

1574 WINDING SHORE DRIVE
GULF BREEZE FL 32561

Mailing Address

1574 WINDING SHORE DRIVE
GULF BREEZE FL 32561

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

09/19/2001

5. FEI Number

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
D	DUNN, JOSEPH	1574 WINDING SHORE DRIVE	GULF BREEZE FL 32561
D	GRIFFIN, LYNN	2554 ELKHART DRIVE 8420 GULF BLVD. (# 8)	NAVARRE FL 32566

7000008638717
10/28/02--01136--002 **150.00

8. Name and Address of Current Registered Agent

DUNN, JOSEPH
1574 WINDING SHORE DRIVE
GULF BREEZE FL 32561

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 22 Oct, 02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Oct. 02 850.803-0691

Date

Daytime Phone #

CR2E040 (8/02)



Lcdr. Joe Dunn, U.S.N.R. Ret.
1574 Winding Shore Drive
Gulf Breeze, FL 32563-9093

22 Oct, 02

Sir:

Ref: Doct# P0100009262F

We ARE New AT This, &
WANT TO DO EVERYTHING RIGHT.

To The Best of our Knowledge
We Never Received ANY Prior
UNIFORM Business Report. (U.B.R.).

Enclosed ✓ #1046 - \$150. -
For Reinstatement.

Will you send a Bill Next
Year???

Sincerely;

Joe Dunn
Ph# (850) 939-1787