

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 25 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000094690**

1. Corporation Name

SIMPSON COMMUNICATION, INC.

Principal Place of Business

**1144 QUEEN'S HARBOUR BLVD
JACKSONVILLE FL 32225**

Mailing Address

**1144 QUEEN'S HARBOUR BLVD
JACKSONVILLE FL 32225**



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
To Do Business in Florida

09/27/2001

5. FEI Number

59-3745940

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	SIMPSON, MICHAEL D	1144 QUEEN'S HARBOUR BLVD	JACKSONVILLE FL 32225

10/20/02
200008582562
10/25/02--01009--006 **750.00

8. Name and Address of Current Registered Agent

**SIMPSON, MICHAEL D
1144 QUEEN'S HARBOUR BLVD
JACKSONVILLE FL 32225**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael D Simpson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/20/2002**

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:

Michael D Simpson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2002
Date

904-221-3335
Daytime Phone #

CR20040 (8/02)