

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # **P01000111292**

1. Corporation Name

**CONTINENTAL SYSTEMS, INC.**

Principal Place of Business

900 THIRD STREET  
B  
JACKSONVILLE BEACH FL 32266

Mailing Address

P.O. BOX 330387  
ATLANTIC BEACH FL 32233

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

2. New Principal Office Address, If Applicable

1103 S. 3RD STREET  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2001

5. FEI Number

42-1574462

Applied For

Not Applicable

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

Zip

32233

Country

USA

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	PATRICIA CLELAND	865 OCEAN BLVD.	ATLANTIC BEACH FL 32233

8. Name and Address of Current Registered Agent

MCDONALD, CHRISTOPHER S  
865 OCEAN BLVD.  
ATLANTIC BEACH FL 32233

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

Christopher McDonald

Date 12-1-03

REGISTERED AGENT MUST SIGN

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

PATRICIA CLELAND  
DIRECTOR

Date

12-1-03

Daytime Phone #

904-318-6545

CR2E040 (7/03)