

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  
03 NOV -5 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000015468**

1. Corporation Name

**EFFECTIVE SALES & COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

1495 MALLARD LANDING BLVD.  
JACKSONVILLE FL 32259

1495 MALLARD LANDING BLVD.  
JACKSONVILLE FL 32259

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

02/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0592677

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WHITE, WILLIAM C	1495 MALLARD LANDING BLVD.	JACKSONVILLE FL 32259

200024610672  
11/12/03-01053-003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, WILLIAM C  
1495 MALLARD LANDING BLVD.  
JACKSONVILLE FL 32259

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

*William C. White*

REGISTERED AGENT MUST SIGN

Date 10/15/03

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:

*William C. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 (904) 287-8085

Date

Daytime Phone #

CR2E040 (7/03)

*William C. White*  
*Effective Sales & Communications*  
*1495 Mallard Landing Boulevard*  
*Jacksonville, Florida 32259*

October 15, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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To Whom It May Concern:

The purpose of this letter is to advise you that Effective Sales & Communications, Inc. did not receive any notification of any reports that were due until the attached Application for Reinstatement was recently received.

I have enclosed a check for \$150 to cover the cost of filing the attached application.

Thanks in advance for your help in this matter.

Best regards,

*William C. White*

William C. White, President  
Effective Sales & Communications

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