

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -9 PM 12:36

DOCUMENT # P02000113492

1. Entity Name  
PROPERTY INVESTMENT GROUP OF JACKSONVILLE,  
INC.



Principal Place of Business  
11376 KINGSLEY MANOR WAY  
JACKSONVILLE, FL 32225

Mailing Address  
11376 KINGSLEY MANOR WAY  
JACKSONVILLE, FL 32225

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11032005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number  
03-0508334

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PONSON, DINO  
11376 KINGSLEY MANOR WAY  
JACKSONVILLE, FL 32225

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PONSON, DINO  
STREET ADDRESS 11376 KINGSLEY MANOR WAY  
CITY- ST- ZIP JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
600061232116  
11/09/05--01038--007 \*\*158.75

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DINO PONSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/05  
Date

(904) 997-8620  
Daytime Phone #