

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133327

1. Corporation Name

SAN MARCO 1402 INC.

REINSTATEMENT 03-04

2. Principal Office Address

1402 SAN MARCO BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2000 WELLS RD SUITE G

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

ORANGE PARK, FL

Zip

32207

Country

USA

Zip

32073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/02

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAN HOARD

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

2000 WELLS RD

Suite, Apt. #, Etc.

Suite G

City

ORANGE PARK

State

FL

Zip Code

32073

200029817672

03/03/04--01054--022 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

02/26/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DONALD TANNER	2000 WELLS RD SUITE G	ORANGE PARK / FL / 32073
VP	DAN HOARD	2000 WELLS RD SUITE G	ORANGE PARK / FL / 32073
TRES	DONALD TANNER	2000 WELLS RD SUITE G	ORANGE PARK / FL / 32073
Sec	DAN HOARD	2000 WELLS RD SUITE G	ORANGE PARK / FL / 32073

10. 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)(f), 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

02/26/04 904-333-3777

Date

Daytime Phone #

CR2E081 (01/04)