

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 OCT 10 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000135157**

1. Corporation Name

**ST. AUGUSTINE MILLWORKS, INC.**

Principal Place of Business

Mailing Address

13500 SUTTON PARK DRIVE S.  
SUITE 703  
JACKSONVILLE FL 32224

13500 SUTTON PARK DRIVE S.  
SUITE 703  
JACKSONVILLE FL 32224

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

12/30/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

30-0134502

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
P	JACKSON, JAMES S	194 BERMUDA PLACE	JACKSONVILLE BEACH FL 32224

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILCOX, RALEIGH M  
13500 SUTTON PARK DRIVE S.  
SUITE 703  
JACKSONVILLE FL 32224

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

*Raleigh M Wilcox*  
REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)



**RALEIGH M. WILCOX, P.A.**

Certified Public Accountant  
13500 Sutton Park Drive South  
Suite 703  
Jacksonville, Florida 32224

Phone (904) 223-9556

Fax (904) 223-1494

October 8, 2003

Florida Department of State  
Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: St. Augustine Millworks, Inc.  
P02000135157

We would like to request reinstatement of the above corporation. We timely filed and paid the fee of \$ 150.00. Our report was returned on May 20, 2003 requesting that the federal employer identification number be provided. We completed with the number and returned the form immediately. We believed that this had resolved this matter until we received the notice of dissolution in the mail today. We have entered the federal identification number on the application for reinstatement.

Thank you for your assistance.

Sincerely,

Raleigh M. Wilcox  
Certified Public Accountant

  
James S. Jackson  
President  
10/9/03