


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P03000046406

1. Corporation Name

Rumrell & Brock, P.A.

2. Principal Office Address

9995 Gate Parkway N.

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville, Florida

Zip

32246

Country

Duval

3. Mailing Office Address

9995 Gate Parkway N.,

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville, Florida

Zip

32246

Country

Duval

REINSTATEMENT 04-05

CR2E081 (8/05)

02-12-04 90036 019 \$150-00

4. Date Incorporated or Qualified  
To Do Business in Florida

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

Lindsey C. Brock III

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

9995 Gate Parkway N.,

Suite, Apt. #, etc.

Suite 190

City

Jacksonville

State

FL

Zip Code

32246

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

12/8/05

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
D	Richard G. Rumrell	9995 Gate Parkway N., Ste. 190	Jacksonville, Florida 32246
D	Lindsey C. Brock III	9995 Gate Parkway N., Ste. 190	Jacksonville, Florida 32246

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)(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

Date

12/8/05 9049961100

Daytime Phone #