

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 15 PM 12:21

DOCUMENT # P03060083479

1. Corporation Name

Zack Askew Properties Management Inc.

2. Principal Office Address - No P.O. Box #  
10260 Mayan Drive

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32218

Country

US

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida 07/25/2003

5. FEI Number  
861083862

☒ 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  
Zack T. Askew JR.

Street Address (P.O. Box Number is Not Acceptable)  
10260 Mayan Drive

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32218

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

900148813219  
04/15/09--01037--006 \*\*150.00

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 Zack T. Askew Jr.  
REGISTERED AGENT MUST SIGN

Date 4-2-09

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	Zack T. Askew JR.	10260 Mayan Drive	Jacksonville, FL 32218
VP	Zack T. Askew III	10260 Mayan Drive	Jacksonville, FL 32218
S	Rosa Lee Askew	10260 Mayan Drive	Jacksonville, FL 32218
T	Ronnetta Askew	10260 Mayan Drive	Jacksonville, FL 32218

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 contained in Chapter 119, 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:

Zack T. Askew Jr. Zack T. Askew Jr. 4-2-09 904-434-4604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #