

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P05000025558

1. Corporation Name

James Eckhardt, Inc.

2. Principal Office Address - No P.O. Box #

1234 Airport Road

Suite, Apt. #, etc.
Suite 100

City & State
Destin, Florida

Zip Country
32541 USA

3. Mailing Office Address

1234 Airport Road

Suite, Apt. #, etc.
Suite 100

City & State
Destin, Florida

Zip Country
32541 USA

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida February 14, 2005

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
Joseph M. Scheyd, Jr., PA

Street Address (P.O. Box Number is Not Acceptable)
1234 Airport Road, Suite 100

Suite, Apt. #, Etc.
Suite 100

City State Zip Code
Destin FL 32541

☒ 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.

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 Joseph M. Scheyd, Jr. Date 9-3-08
REGISTERED AGENT MUST SIGN September 3, 2008

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	James H. Eckhardt	1234 Airport Road, Ste. 100	Destin, Florida 32541

REINSTATEMENT
06-08

000135372870
09/04/08--01038--002 **450.00

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:

James H. Eckhardt

James H. Eckhardt

09/03/08 850-830-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #