

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 24 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000017650

1. Corporation Name

Stonewall of Jax, Inc.

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

820 Green Knoll Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

820 Green Knoll Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32221

Country

U.S.

City & State

Jacksonville, FL

Zip

32221

Country

U.S.

500158845345
07/23/09--01036--009 **450.00

REINSTATEMENT (GR2208) 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/2006

5. FEI Number

20-4238148

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

Michael P. Creel

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

820 Green Knoll Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32221

☒ 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

Michael P. Creel

REGISTERED AGENT MUST SIGN

Date 7-21-09

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	Michael P. Creel	820 Green Knoll Dr.	Jacksonville, FL 32221
VP	David Zettle	8829 Brierway St.	Jacksonville, FL 32221

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:

Michael P. Creel Michael P. Creel - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2009
Date

904-783-9735
Daytime Phone #

1/24w