


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000016681**

1. Corporation Name

**CRAIG J. OSWALD, INC.**

Principal Place of Business

Mailing Address

2222 UNIVERSITY BLVD., W.  
JACKSONVILLE FL 32217

2222 UNIVERSITY BLVD., W.  
JACKSONVILLE FL 32217

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/01/1993

5. FEI Number

59-3166661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	OSWALD, CRAIG J.	2222 UNIVERSITY BLVD., W.	JACKSONVILLE FL

6000002701796-5  
-12/03/98--01065--026  
\*\*\*\*150.00 \*\*\*\*150.00

B. 98AR 11/23/98 90AR

8. Name and Address of Current Registered Agent

9. Name and Address of Non-Registered Agent

OSWALD, CRAIG J  
2222 UNIVERSITY BLVD., W.  
JACKSONVILLE FL 32217

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.

Signature of Registered Agent

**REINSTATEMENT REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

**REINSTATEMENT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98

904 733 9020  
Daytime Phone #

CR2E040 (9/98)

**CRAIG J. OSWALD, INC.  
2222 UNIVERSITY BLVD., WEST  
JACKSONVILLE, FLORIDA 32217**

*November 17, 1998*

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

*Dear Sir or Madam;*

*Enclosed please find the notice of administrative dissolution for my corporation. I mailed my original report in on March 13, 1998, along with a check for \$150.00. My check has never cleared my bank. I filed my report for 1997 last year and it took several months before my check cleared so I assumed the same thing happened this year. I called your office and the women there told me to send in the notice along with this letter and another check for \$150.00 and you would accept this second attempt as complying with the timely filing of my annual report. I hope she was correct.*

*Thank you in advance for your cooperation.*

*Sincerely*

*Craig J. Oswald, D.C.*