

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 14 AM 8:57

DOCUMENT #

1. Corporation Name

FRP TECHNOLOGIES, INC.

P93000055367

2. Principal Office Address

537 N. LANE AV

Suite, Apt. #, etc.

—

City & State

JACKSONVILLE FL

Zip

32254

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

—

City & State

—

Zip

—

Country

—

REINSTATEMENT 97-05

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 6 1993

5. FEI Number

593195505

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

MARY A. ROBISON

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

ONE INDEPENDENT DR.

Suite, Apt. #, Etc.

SUITE 2600

City

JACKSONVILLE

State

FL

Zip Code

32202

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

Mary A. Robison

REGISTERED AGENT MUST SIGN

Date 6/8/05

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
P	ROGER F. SCHILF	537 N. LANE AV.	JACKSONVILLE FL
VP	RAYMOND LANE	537 N. LANE AV.	" SAME 32254

100056151651
06/14/05--01018--022 **1565.00

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 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

Roger F. Schilf

Date

6-2-05

Daytime Phone #

904 783 4111

CR2E081 (01/05)

2 of 2

FRP Technologies
537 N. Lane Avenue
Jacksonville, FL 32254
June 4, 2005

Department of State
Director of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: FRP TECHNOLOGIES, INC
P 93000055367

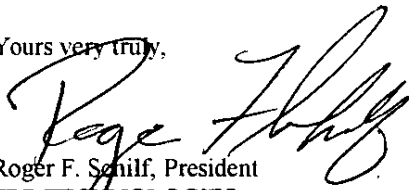
Dear Director of Corporations:

Per my telephone conversation with 850-488-9000, ext. #8 (I did not record his name) and the enclosed reinstatement form, I request that RFP Technologies be reinstated.

The gentleman stated that since we did not receive a certain letter in 1996 or 1997, the \$600 portion of the fee would be waived. Enclosed is a check for \$1565.

Thank you for your attention.

Yours very truly,



Roger F. Schilf, President
FRP TECHNOLOGIES