

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -3 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA3000059565

1. Corporation Name

THE ORMOND ASSOCIATES, INC

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1 JOHN ANDERSON DRIVE

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32176

Country

FLORIDA

3. New Mailing Office Address, If Applicable

1 JOHN ANDERSON DRIVE P.O. Box 2166

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32175

Country

FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

8/19/93

5. FEI Number

59-3262303

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	RONALD J. PEPPER	180 JOHN ANDERSON DR.	ORMOND BEACH, FL 32176
UP/D	MILTON W. PEPPER	180 JOHN ANDERSON DR.	ORMOND BEACH, FL 32176
UP/D	LEONARD PEPPER	310 WEST JEFFERSON ST	TALLAHASSEE, FL 32301

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-11/04798-01028-1
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RONALD J. PEPPER

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

180 JOHN ANDERSON DR.

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32176

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

Reo J. Pepper

REGISTERED AGENT MUST SIGN

Date 11-3-98

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)(f), 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

RONALD J. PEPPER

Date

11-3-98

Daytime Phone #

904-6720101

CR2E040 (1/98)