

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 FEB 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002728 (1)

1. Corporation Name

ESSANDTEE, INCORPORATED

Principal Place of Business

Mailing Address

2580 HERSHEL ST
JACKSONVILLE FL 32204
US

2580 HERSHEL ST
JACKSONVILLE FL 32204
US

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

2474 Peach Drive

Jacksonville, FL

32246

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/94

5. FEI Number

59-3211976

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Vansandt, Tricia	2580 Herschel St	Jacksonville, FL 32204
D	McWilliams, Shirley	P.O. Box 613	Orange Park, FL 32073
P/D	Rooks, William S.	2474 Peach Drive	Jacksonville, FL 32246
			100002092951--8 -02/20/97--01030--013 ****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VANSANDT, TRICIA
441 STOWE AVE.
SUITE 2
JACKSONVILLE FL 32073

Name

William S. Rooks

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

2474 Peach Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

William S. Rooks

REGISTERED AGENT MUST SIGN

Date

2/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: William S. Rooks / William S. ROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97
Date

(352) 522-3271

Daytime Phone #