

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049450

1. Corporation Name  
FORMSOUTH, INC.

Principal Place of Business

Mailing Address

~~7380 PHILIPS HWY~~  
~~403~~  
JACKSONVILLE FL 32256  
US

PO BOX 57787  
JACKSONVILLE FL 32241



2002 UBR

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

4. Date Incorporated or Qualified To Do Business in Florida

07/05/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3252942

Applied For

Not Applicable

City & State

City & State

Jacksonville, FL

Zip 32256

Country USA

Zip

Country

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	4 City / State / Zip
PSTD	THOMPSON, MALCOLM A	<del>7380 PHILIPS HWY</del> 8256 Ashworth Ct.	JACKSONVILLE FL 32256

600008575696  
10/24/02--01086--017 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMPSON, MALCOLM A  
~~7380 PHILIPS HWY~~ 8256 Ashworth Ct.  
#403  
JACKSONVILLE FL 32256

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

904 519 1070

CR2E040 (8/02)

20fz



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**www.formsouth.com**  
**sales@formsouth.com**  
**1-888-730-0708 (toll free)**  
**1-904-519-5783 (fax)**

October 22, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

To whom it may concern:

I am writing this letter to inform you that I did not receive the previous correspondence necessary for filing my corporate renewal. I assure you that I will anticipate future filing dates and will insure timely compliance in the event of a similar occurrence such as this.

Malcolm Thompson  
President  
FORMSouth, Inc.