

**APPROVED
AND
FILED**

1996 OCT 28 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NORTHEAST FLORIDA DEVELOPMENT COMPANY, INC.

Mailing Address

C/O PAUL C. PORTER
205 THOUSAND OAKS BOULEVARD
PONTE VEDRA BEACH FL 32082

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

3. New Mailing Office Address, If Applicable

07/22/1994

Suite, Apt. #, etc.

City & State

Country

Country

59-3283096

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
DPST	PORTER, PAUL C.	205 THOUSAND OAKS BLVD.	PONTE VEDRA BEACH FL
DV	Schroederz, William E. IV	225 East Church St.	Jacksonville, Fla 32217
			800001997508--7
			-11/06/96--01036--013
			****375.00 ****375.00

REINSTATEMENT *all ed*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

State
FI

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**

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/96

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: Paul C. Porter PAUL C. PORTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/96 (904) 998-9882