

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000068767**

1. Corporation Name

NORTH LAKE FOREST, INC.

Principal Place of Business

Mailing Address

**2641 RIVER ROAD
JACKSONVILLE FL 32207**

**2641 RIVER ROAD
JACKSONVILLE FL 32207**

97 APR -3 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

ad 96-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/15/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3282106	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHNSON, MARY C	1122 MARCO PLACE	JACKSONVILLE FL
VPTD	JOOS, WILLIAM J	2641 RIVER ROAD	JACKSONVILLE FL
VPSD	ALLEN, JOHN J	4444 COUNTRY CLUB ROAD	JACKSONVILLE FL

500002134045--5
-04704797--01093--008
****\$923.75 ****\$923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOOS, WILLIAM J
2641 RIVER ROAD
JACKSONVILLE FL 32207**

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/17/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904
3/17/97 7246333**

CR2E040 (7/96)