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
97 JUL 25 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075149

1. Corporation Name: North Florida Property Management, Inc.

W97-10946

Principal Place of Business / Mailing Address:

217 Tallwood Rd.
Jacksonville Beach, FL 32250

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

REINSTATEMENT 07-97
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/94

5. FEI Number: 59-3265101 ☐ 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)

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
Pres.	Kristin Shay Hawkinberry	217 Tallwood Rd	Jax. Bch., FL 32250
V. Pres.	Charles Glenn Hawkinberry III	217 Tallwood Rd.	Jax. Bch., FL 32250
Treasurer	Kristin Shay Hawkinberry	217 Tallwood Rd.	Jax. Bch., FL 32250
		600002251586--4	
		-07/29/97--01128--003	
		***1080.00	***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: B. B. Crabtree, Esq.
Street Address (P.O. Box Number is Not Acceptable): 8375 Dix Ellis Trail
Suite, Apt. #, Etc.: Ste. 401
City: Jacksonville
State: FL
Zip Code: 32256

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: _____ Date: 7/22/97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: Kristin Shay Hawkinberry 7-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date