

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078977**

1. Corporation Name

AAC ENTERPRISES, INC.

Principal Place of Business

12405 NORTH MAIN ST
STE 9
JACKSONVILLE FL 32218
US

Mailing Address

11230 OLD ST AUGUSTINE RD.
JACKSONVILLE FL 32257

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1994

5. FEI Number

59-3276585

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)

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	MULLINS, GENE	12405 NORTH MAIN ST	JACKSONVILLE FL 32218
STD	MULLINS, JEAN C	12405 NORTH MAIN ST	JACKSONVILLE FL 32218

REINSTATEMENT

97-98

d. Alan
2/24/98

7000002441867--8

-02/26/98--01087--033

****900.00 ****900.00

8. Name and Address of Current Registered Agent

O'CONNOR, ALISH
200 W. FORSYTH ST.
SUITE 1020
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

Gene Mullins

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

3569 SHELDON ST

Suite, Apt. #, Etc.

Jacksonville

City

State
FL

Zip Code
32223

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]

REGISTERED AGENT MUST SIGN

Date

1/1/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/98

Date

904-260-8587

Daytime Phone #

CFR2040 (8/97)