

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:59

DOCUMENT # P94000078977

1. Corporation Name

AAC ENTERPRISES, INC.

Principal Place of Business

12405 NORTH MAIN ST  
STE 9  
JACKSONVILLE FL 32218  
US

Mailing Address

3569 SHELDRAKE DR.  
JACKSONVILLE FL 32223



REINSTATEMENT

01

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	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

800004679098--8  
-11/14/01--01077--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MULLINS, GENE  
3569 SHELDRAKE DR.  
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name  
Jean C. Mullins  
Street Address (P.O. Box Number is Not Acceptable)  
1510 Wightman Ave.  
Suite, Apt. #, Etc.  
\$  
City  
Sebring  
State  
FL  
Zip Code  
33870

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.

AD

Signature of  
Registered Agent

Jean C. Mullins

REGISTERED AGENT MUST SIGN

Date 10-17-01

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:

Jean C. Mullins Jean C. Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-01

Date

Daytime Phone #

863-  
382-4494

CR2E040 (8/01)