

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -7 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000089655

1. Corporation Name

MOODY LAND COMPANY, INC.

2. Principal Office Address

4652 Philips Highway

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 5350

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32207

Country

U.S.A.

Zip

32247

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3281502

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth R. Miller

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

4652 Philips Highway

Suite, Apt. #, Etc.

City

Jacksonville

600004523086--3

08/07/01 01046 019

***1350.00 ***1350.00

State
FLZip Code
32207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/31/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
O/P	Maxey D. Moody, III	4652 Philips Highway	Jacksonville, FL 32207
O/S/T	Thomas Boyd Moody	4652 Philips Highway	Jacksonville, FL 32207

10. 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
Maxey D. Moody, III, President

Date

8/1/01

Daytime Phone #

(904) 737-4401

CR2001 (9/00)