

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000092683 (9)

1. Corporation Name
REINSTITUTION, INC.



Principal Place of Business

Mailing Address

4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210
US

4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

02/27/1996

4. FEI Number

59-3284060

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, TERESA
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

81 Name

TERESA GEORGE

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

4595 LEXINGTON AVENUE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BAILEY, JAMES F
STREET ADDRESS 10 N. NEWMAN ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME MILNE, DOUGLAS
STREET ADDRESS 4595 LEXINGTON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32202

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS PITMAN, DON
CITY-ST-ZIP 4923 RIVER POINT RD.
JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
STREET ADDRESS FARNELL, CLEVE
CITY-ST-ZIP 701 FISK ST. #200
JACKSONVILLE FL 32204

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T
STREET ADDRESS BONEY, TIM
CITY-ST-ZIP 4311 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
STREET ADDRESS CRABTREE, RANDY
CITY-ST-ZIP 8325 DIKELLIS TRAIL
JACKSONVILLE FL 32258

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TERESA GEORGE

8/22/97

904-3876770

CR2E034 (4/97)