

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 AUG -3 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001495

1. Corporation Name

Square Four, Inc.

Principal Place of Business

Mailing Address

2700 Hadley Road  
Tallahassee, FL 32308

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 3306 027

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ ~~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
D	Stanley Steele	2001 Miccosukee Road	Tallahassee, FL 32308
D	Tom Quick	2700 Hadley Road	Tallahassee, FL 32308
			8000002607528--5 -08/05/98--01011--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

W William E. Whitlock, III  
610 North Duval Street  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name  
G. Stephen Manning  
Street Address (P.O. Box Number is Not Acceptable)  
219 N. Newnan, Suite 400  
Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32202

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

*G. Stephen Manning*

REGISTERED AGENT MUST SIGN

Date 6/25/98

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:

*Tom Quick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TOM QUICK

AUG 3 1998 (904) 668-0389

Date Daytime Phone #

CR2E040 (1/98)