

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 16 AM 8:00

DOCUMENT # **P95000015645**

1. Corporation Name

BOURNE AND ASSOCIATES, INCORPORATED

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

8160 BAYMEADOWS WAY W
SUITE 100
JACKSONVILLE FL 32256

8160 BAYMEADOWS WAY W
SUITE 100
JACKSONVILLE FL 32256

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

02/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3312285

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	BOURNE, ROBERT H JR.	8160 BAYMEADOWS WAY W SUITE 100	JACKSONVILLE FL 32256
V	BOURNE, III, ROBERT H	8160 BAYMEADOWS WAY W SUITE 100	JACKSONVILLE FL 32256
ST	BOURNE, THOMAS L	8160 BAYMEADOWS WAY W SUITE 100	JACKSONVILLE FL 32256
			400043469344 12/16/04--01063--005 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOURNE, ROBERT H JR.
8160 BAYMEADOWS WAY W
SUITE 100
JACKSONVILLE FL 32256

Name

Thomas L. Bourne

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

8160 Baymeadows Way West

Suite, Apt. #, Etc.

Suite 100

City

Jacksonville

State

FL

Zip Code

32256

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. or 617.0505, F.S.

Signature of
Registered Agent

Tom Bourne
REGISTERED AGENT MUST SIGN

Date

12-14-04

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:

Tom Bourne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-04

Date

904-448-1710

Daytime Phone #

CR2E040 (7/03)