

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 23 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066291

1. Corporation Name

DEERPOINTE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

9380 103RD ST.
JACKSONVILLE FL 32210

~~9380 103RD ST.~~
~~JACKSONVILLE FL 32210~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2050 EAST OAKLAND PARK BLVD
Suite 209
FT LAUDERDALE FL
33306 BROWARD

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1995

5. FEI Number

59-3332911

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	HINDMAN, FLEET	113 BAY STREET 240 N.W. 43 AVE.	NEPTUNE BEACH FL Coconut Creek FL 33066
S	BRODY, JANETH	7040 - 2 WEST PALMETTO PARK RD.	BOCA RATON FL 33434
T	BRODY, OSCAR	7040 - 2 WEST PALMETTO PARK RD.	BOCA RATON FL 33434
			500002706355--6 -12/03/98-01001-005 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HINDMAN, FLEET~~
~~113 BAY STREET~~
~~NEPTUNE BEACH FL 33066~~

Name

PAUL D. Young

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

2050 EAST OAKLAND PARK BLVD Suite 209

Suite, Apt. #, Etc.

Suite 209

City

FT LAUDERDALE

State

FL

Zip Code

33306

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/16/98

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
Date

(954) 561-0371
Daytime Phone #

CR2E040 (9/98)