

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 10:01

DOCUMENT # P95000066598

1. Corporation Name

SAN PABLO COURT, INC.

Principal Place of Business

Mailing Address

~~7751 BELFORT PARKWAY~~
~~SUITE 350~~
JACKSONVILLE FL 32256

~~7751 BELFORT PARKWAY~~
~~SUITE 350~~
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

10161 Centurion Pkwy North

Suite, Apt. #, etc. Suite # 190

City & State Jacksonville FL

Zip 32256 Country US

3. New Mailing Office Address, If Applicable

10161 Centurion Pkwy North

Suite, Apt. #, etc. Suite # 190

City & State Jacksonville FL

Zip 32256 Country US

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

08/23/1995

5. FEI Number

59-3342234

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	City / State / Zip
1	2	3	4
D	BURR, EDWARD E	7751 BELFORT PARKWAY, #350	JACKSONVILLE FL 32256
		10161 Centurion Pkwy North	
		Suite 190	
			100003271311-6
			-05/31/00--01016--004
			***\$900.00 ***\$900.00

8. Name and Address of Current Registered Agent

SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 5/10/00

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:

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

4/19/00 904-998-8300
Date Daytime Phone #