

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 12 AM 8:01

DOCUMENT # P95000079345

1. Corporation Name

DIVISION 5 PLANNING COMPANY, INC.

Principal Place of Business

POST OFFICE BOX 6058
STARKE FL 32091

Mailing Address

POST OFFICE BOX 6058
STARKE FL 32091

500008940015
11/12/02--01108--004 **150.00



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

10/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3342534

Applied For

City & State

City & State

Not Applicable

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	FRISBEE, JAMES R	417 E. WELDON ST.	STARKE FL 32091
ST	CONNER, STEVEN W	1106 PARK AVENUE	ORANGE PARK FL 32073
VP	FRISBEE, KENNETH J	4260 CHOKEBERRY RD.	MIDDLEBURG FL 32068

8. Name and Address of Current Registered Agent

FRISBEE, JAMES R
417 E. WELDON ST
STARKE FL 32091

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

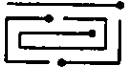
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-02

Date

Daytime Phone #

CR2E040 (9/02)



CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

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Taxation, Accounting, Pension Planning, and Business Counseling

November 5, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Division 5 Planning Company, Inc.
P95000079345

Dear Sir:

On behalf of our client, we are requesting a waiver of the reinstatement fee of \$600.00. We have enclosed the client's check for \$150.00 in payment of the corporation annual report fee.

The client runs a small one person office and was unaware of the requirements for the corporate annual report. We have advised him that the report is due each year by May 1. He has told us that he will file this report timely in the future.

Please accept this check as full payment of the corporate annual fee and reinstate the corporation to active status.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.

Marty Smith

Marty Smith

Enclosures

cc: Jim Frisbee