

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 DEC -4 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000081252

1. Corporation Name

RHETT & ASHLEY, INC.

Principal Place of Business

P.O. Box 57126

Jacksonville, FL 32241-7126

Mailing Address

P.O. Box 57126

Jacksonville, FL 32241-7126

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

2. New Principal Office Address, If Applicable

13673 Long's Landing Rd. W.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

USA

3. New Mailing Office Address, If Applicable

13673 Long's Landing Rd. W.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

USA

REINSTATEMENT

97-98

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/95

5. FEI Number

59-3339868

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)

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	Walker Whaley	13673 Long's Landing Rd. W.	Jacksonville, FL 32225

800002706578--0
-12/09/98--01005--008
****300.00 ****300.00

8. Name and Address of Current Registered Agent

William H. Jeter, Jr.
10110 San Jose Boulevard
Jacksonville, Florida 32257

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]

REGISTERED AGENT MUST SIGN

Date 12/1/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/5/98 904-296-7150

CR2E040 (1/98)