

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

03 OCT 15 PM 2:22

DOCUMENT # **P95000095698**

1. Corporation Name

**JAMES D. BELL, INC.**

Principal Place of Business

Mailing Address

9032 OLD CHEMONIE ROAD  
TALLAHASSEE FL 32308

9032 OLD CHEMONIE ROAD  
TALLAHASSEE FL 32308



300024241973  
10/29/03--01012--032 \*\*\*758.75

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1996

5. FEI Number

59-3353003

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	BELL, JAMES D	9032 OLD CHEMONIE ROAD	TALLAHASSEE FL
VPS	BELL, THERESA J	9032 OLD CHEMONIE ROAD	TALLAHASSEE FL

8. Name and Address of Current Registered Agent

BELL, LAWRENCE A  
70 NORWICH CIRCLE  
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name  
*Theresa J. Bell*  
Street Address (P.O. Box Number is Not Acceptable)  
*9032 Old Chemonie Rd.*  
Suite, Apt. #, Etc.  
City  
*Tall.* State  
**FL** Zip Code  
*32309*

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

*Theresa J. Bell*  
REGISTERED AGENT MUST SIGN

Date

*10-15-03*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10-15-03*

CR2E040 (7/03)