
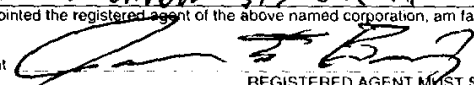
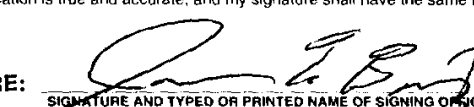


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG 16 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000096598					
1. Corporation Name Five twenty - Three West Forsyth Place Inc.					
Principal Place of Business 523 West Forsyth St. Jacksonville Fl. 32202			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Same Above		3. New Mailing Office Address, If Applicable Same Above		4. Date Incorporated or Qualified To Do Business in Florida 12-21-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-2143545	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		
Pres.	James Bailey	11557 Ayala Rd	Jacksonville Fl. 32258		
Sec.	Verdell E. Bailey	11557 Ayala Rd	Jacksonville Fl. 32258		
1					
REINSTATEMENT 96-97 TS 0002366230-1 08/23/99-01006-020 ***1200.00 ***1200.00					
8. Name and Address of Current Registered Agent James T. Bailey 11557 Ayala Rd Jacksonville Fl 32258 Daniel J. Jopson East Monrow St. Jacksonville			9. Name and Address of New Registered Agent Name James T. Bailey Street Address (P.O. Box Number is Not Acceptable) 11557 Ayala Rd Suite, Apt. #, Etc. City Jacksonville State FL Zip Code 32258		
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  Date 8-15-99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: 			Date 8-15-99 (904) 355-5444 Daytime Phone #		

C92E081 (1/2/98)