

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 27 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA16000013940

1. Corporation Name
S.J. Properties of Jacksonville, Inc.

Principal Place of Business
1018 Sorrento
Jacksonville FL 32207

Mailing Address
Same

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

2. New Principal Office Address, If Applicable

1301 Riverplace Blvd
Suite, Apt. #, etc.
Suite 2552
City & State
Jacksonville FL
Zip
32207 Country
USA

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified

To Do Business in Florida Feb. 9, 1994

5. FEI Number

59-3362065

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	2	3	4
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/Dir	John J. Allen	1301 Riverplace Blvd Suite 2552	Jacksonville, FL 32207
Vice Pres	Mark D. Sawyer	"	"
Sec	Laura Henry Allen	"	"
Treas.	Laura Henry Allen	"	"
			200002977582--0 -09/02/99--01096--009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

P L Corp.
200 Laura St.
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name
Laura Henry Allen
Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd
Suite, Apt. #, Etc.
Suite 2552
City
Jacksonville State
FL Zip Code
32207

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 8/20/99

11. This corporation owes 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

8/20/99
Date

904.391-0008
Daytime Phone #

CR2008 (12/98)