

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -4 PM 12:47

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019185

1. Corporation Name

Night Moves of Jacksonville, Inc
1375 Cedar Bay Road
JACKSONVILLE, FL 32218

2. Principal Office Address

1375 Cedar Bay Road
Suite, Apt. #, etc.

3. Mailing Office Address

1375 Cedar Bay Rd
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32218

Country

USA

Zip

32218

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 29, 1996

5. FEI Number

59-3364679

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2002-2003 UBR

7. Name and Address of Current Registered Agent

Name

RICHARD CAMP, CPA

Street Address (P.O. Box Number is Not Acceptable)

4110 Southpoint Blvd

Suite, Apt. #, Etc.

205

City

JACKSONVILLE

State

FL

Zip Code

32216

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard Camp

REGISTERED AGENT MUST SIGN

Date 4/31/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Timothy M. Ruen	1375 Cedar Bay Road	JACKSONVILLE, FL 32218

10. 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:

Timothy M. Ruen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/03

Date

Daytime Phone #

CR2E081 (10/02)

282

RICHARD N. CAMP, CPA, PA
Certified Public Accountant

January 31, 2003

FLORIDA DEPARTMENT OF STATE
Corporate Reinstatement Division
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Ms.:

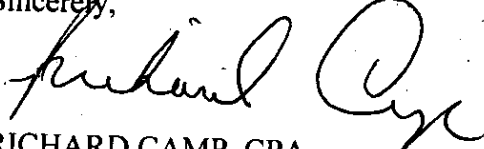
This letter is in reference to Night Moves of Jacksonville, Inc., a Florida Corporation since 1996.

The taxpayer and his wife physically moved to Aruba in November 2001 and sold their old residence on Long Bow Road in Jacksonville at that time. The taxpayer has no record of having received the Annual Business Report for renewal for the corporation. The document should have been forwarded to him during 2002 but was never received. The taxpayer had a lot of activity going on during this period of time including building a new residence in Aruba and having his wife pass away.

Please find attached copy of Corporation Reinstatement form with payment for the years 2002 and 2003. We request that you reinstate this corporation and abate the penalties related to this matter.

Thank you for your assistance in this matter.

Sincerely,


RICHARD CAMP, CPA

Enclosure