

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB-18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000021734

1. Corporation Name

TILLERY & ASSOCIATES, INC.

2. Principal Office Address

6196 LAKE GRAY BLVD

Suite, Apt. #, etc.

SUITE 111

City & State

JACKSONVILLE, FL

Zip

32244

Country

USA

3. Mailing Office Address

6196 LAKE GRAY BLVD.

Suite, Apt. #, etc.

SUITE 111

City & State

JACKSONVILLE, FL

Zip

32244

Country

USA

REINSTATEMENT

1999-2002

4. Date Incorporated or Qualified--
To Do Business in Florida

03/07/1996

5. FEI Number

133902206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD H. MAY

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

431 STONE AVE

Suite, Apt. #, Etc.

City

ORANGE PARK

300005021843-4

02/26/02 01072-012

***1208.75 ***1208.75

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

RH May

REGISTERED AGENT MUST SIGN

Date 02-12-2002

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
D/P	ALAN R. TILLERY	3630 DOUBLE BRANCH LANE	ORANGE PARK, FL 32073
S	MARILYN C. TILLERY	3630 DOUBLE BRANCH LANE	ORANGE PARK, FL 32073

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:

Alan R. Tillery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-2002 (904) 771-0004

Date

Daytime Phone #

CRZE081 (9/01)

Law Office
Richard H. May

February 12, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Tillery & Associates, Inc.


Dear Secretary of State:

Enclosed is an application for Corporation Reinstatement for Tillery & Associates, Inc., administratively dissolved in 1999 for annual report not being filed. We are requesting a Certificate of Status after the reinstatement and request that the Certificate be mailed to this office.

Also enclosed is my client's check in the amount of \$1,208.75 representing the \$1,200 reinstatement fee and \$8.75 for the Certificate of Status.

If anything further is required, please call or e-mail to my address below.

Sincerely,



Richard H. May

Copy to Alan Tillery