## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SEUNCIARY UP STATE TALLAHASSEE, FLORIDA

APPLICATION .
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

## P96000030298 DOCUMENT #

1. Corporation Name

JACKSONVILLE FL 32225  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Ciffice Address if Applicable  3. New Malling Office Address, if Applicable  4. Date incorporated or Cualified  5. FEI Number  59-3421384  6. FEI Number  59-3421384  6. CERTIFICATE OF STATUS DESIRED  7. Name and Address of New Registered Agent  7. Na	BOATRIGHT & ASSOCIATES,	INC.							
REGENCY LOOP Sear-HEADTO-Diversional H above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, in Applicable 2 New Principal Office Address, in Applicable 3 No. A C. I. A. C. C. A. C. C. A. C. C. A. C. C. A. C. A. C. C. C. A. C. C. A. C. C. A.	Principal Place of Business Mailing Address								
MackSoMMLE F. 32225   Activation Propersional Control of Source	REGENCY LOOP	OP		REMSTATEMENT					
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## Book address are incorrect in any way, the through incorrect information and enter correction below.    Application	JACKSONVILLE FL 32225								
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Suite, Apt. 4, etc.  Suite, Ap	New Principal Office Address, If Applicable     3. New Mailing Office			Applicable	4. Date Incorp	orated or Qualified		1000	
City & State  City & State  Country  Co	Suite, Apt. #, etc.	Suite, Apt. #,	etc.	midion represented					
To Libon ville   File   Sach Sonville   Sach Statistical For nature   Sach Sonville   Sach Statistical For nature   Sach Statistica	City & State	City & State	5					<del></del>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors)  Title (s)  2. Name of Officers 3. Street Address of Each Officer and/or Director 4. City / State / Zip  D. BOATRIGHT, TALMADGE E  1615 GERALDINE DRIVE  JACKSONVILLE FL 32205  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  BOATRIGHT, TALMADGE E JR.  Street Address (P.O. Box Number is Not Acceptable)  GSOL ACKNONVILLE FL 32225  Suite Address (P.O. Box Number is Not Acceptable)  GSOL ACKNONVILLE FL 32225  Suite Address (P.O. Box Number is Not Acceptable)  GSOL ACKNONVILLE FL 32225  The Displacement application of Section 607.0505, F.S. or 617.0505, F.S.  Signature of Agent REGISTERED AGENT MUST SIGN  Date  PREGISTERED AGENT MUST SIGN  11.1 Learlity that I am an officer or director or Agreedover or trustee empowered to sexcute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the region for 07.0401 F.S. I that all lines.	Jacksonville, FL	Jachs		<u>L</u>	6.				
Title(s) 2 and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip  D BOATRIGHT, TALMADGE E 1615 GERALDINE DRIVE JACKSONVILLE FL 32205  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 12/03/02-01044-013 **750.00  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  BOATRIGHT, TALMADGE E JR.  Street Address (P.O. Box Number is Not Acceptable) 45 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 49 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 49 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 50 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Street Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Stophature of 10 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING No. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING NO. P.E.C.  Address (P.O. Box Number is Not Acceptable) 60 OL ACLING NO. P.E.C.  Address (P.O. Box Nu	32225 USA	322	<b>つ</b> ∟	A CERTIFICATE		E OF STATUS DESIR			
D BOATRIGHT, TALMADGE E  1615 GERALDINE DRIVE  JACKSONVILLE FL 32205  8. Name and Address of Current Registered Agent  12/03/02-01044-013 **750.00  8. Name and Address of Current Registered Agent  Name  BOATRIGHT, TALMADGE E JR.  Signature of Jacksonville FL 32225  10. I, being appointed the registered agent of the above named opporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.  Signature of Registered Agent  R	7. Names and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	st 3 directors)		<del></del>		
BOATRIGHT, TALMADGE E  1615 GERALDINE DRIVE  JACKSONVILLE FL 32205  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  BOATRIGHT, TALMADGE E JR.  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Size ARLINGTON EXPRESSWAY  JACKSONVILLE FL 32225  Solle, Apl. 4, Elec  Solle, Ap	(file(s)   and/or Directors	l Of			4	City / State / Z	ip		
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  9. Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  9. Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  9. Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  9. State Zip Code  FL 3227.5  State Zip Code  FL 3227.5  Signature of Registered Agent of the above named opporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.  REGISTERED AGENT MUST SIGN  11. I certify that I am an officer or directive or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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. I hat all fees				E DRIVE					
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8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  BOATRIGHT, TALMADGE E JR.  Street Address (P.O. Box Number is Not Acceptable)  G501 Artington Expressway  JACKSONVILLE FL 32225  Suite, Apt. 4, Etc.  HQ75  City  State  Zip Code  FL 37275  To the proposition of Section 607,0505, F.S. or 617,0505, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  11. I certify that I am an officer or directs or terreceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reacon for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401 F.S. that all fees		000009317410 12/03/0201044013 **750 00							
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BOATRIGHT, TALMADGE E JR.  Street Address (P.O. Box Number is Not Acceptable)  GSOI Acting ton Expression Suite, Apt. #, Etc.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Name  Street Address (P.O. Box Number is Not Acceptable)  GSOI Acting ton Expression Solution for dissolution, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.  Date  11. I certify that I am an officer or director or to receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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	8. Name and Address of Current	Registered Age	nt	,	9 Name and 4	ddress of New F	anistared Agent		
City State Zip Code 3.2.2.5  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 Pagent Pagent MUST SIGN  11. I certify that I am an officer or director or hereceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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	1 Wel May .			Name	o. Hame one	tudicos of fiction	ogistered Agent		
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Signature of Registered Agent Date Date Date Date Date Date Date Dat		$\wedge$		City	-			Code	
Registered Agent	10. I being consisted the registered court of the							2225	
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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		GISTERED AGE	ENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		Date			
on this application is true and accurate, and my signature chall have the same legal effect as if made under oath.	this reinstatement application, the reason for disso owed by the corporation have been paid and the r	lution has been a	eliminated, the corpo uals listed on this for	rate name satisfies to m do not qualify for a	the requirements an exemption und	of section 607.040	01 or 617.0401. F.:	S. that all fees	

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR