

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 24 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # P96000033150

1. Corporation Name

HUEY'S OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**2 INDEPENDENT DRIVE
JACKSONVILLE LANDING SPACE 173
JACKSONVILLE FL 32202-5001**

**2 INDEPENDENT DRIVE
JACKSONVILLE LANDING SPACE 173
JACKSONVILLE FL 32202-5001**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 3372455

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Lewis R. Isaacson	109 E. 48 St.	Savannah GA 31405

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-11/26/97-01087--007

******165.00 ****165.00**

11/24/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PALMER, TOM C
2 INDEPENDENT DRIVE
JACKSONVILLE LANDING SPACE 173
JACKSONVILLE FL 32202-5001**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11. This corporation owes or has paid 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/97

Date

(912) 233 2096

Daytime Phone #

CR2E040 (9/97)

2

HUEY'S OF JACKSONVILLE, INC.
2 INDEPENDENT DRIVE
JACKSONVILLE LANDING SPACE 173
JACKSONVILLE FL 32202-5001

November 3, 1997

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

Re: Application for Reinstatement

To date, our company has not received its form for filing Annual Report Fee of \$61.25. Because of this, we have not filed the required form and have received from your office a Notice of Dissolution.

Enclosed are Application for Reinstatement and our check for \$165. Our CPA called your office and was advised that this would be the appropriate payment.

Please accept our apology for any inconvenience we may have caused. All future requirements will be timely filed and paid.


Lewis R. Isaacson, President

Tom C. Palmer, Manager