

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000033483

1. Corporation Name

LAW OFFICES OF WILLIAM KEMPER JENNINGS, P.A.

Principal Place of Business

14 E. LIVE OAK AVE
DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 1256
DEFUNIAK SPRINGS FL 32435

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1996

5. FEI Number

59-3438748

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 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---------------------------|
| 0 | JENNINGS, WILLIAM K | 14 E. LIVE OAK AVE | DEFUNIAK SPRINGS FL 32433 |
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900004670919--3
-11/07/01--01054--014
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JENNINGS, WILLIAM K
14 E. LIVE OAK AVE
DEFUNIAK SPRINGS FL 32433

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-17-01

11. 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:

William Kemper Jennings

October 17, 2001

892-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAW OFFICES OF WILLIAM KEMPER JENNINGS, P. A.
P. O. BOX 1256
DEFUNIAK SPRINGS, FL 32433

Florida Department of Revenue
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

Please be advised that I William Kemper Jennings did not receive notice that my corporation William Kemper Jennings, P. A. was not renewed as required by law. I am sending a check for the required \$150.00 and the related form as required. I hereby request all related penalties be waved.

Sincerely,



William Kemper Jennings

October 17, 2001