

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048859

1. Corporation Name

SHOWPLACE PROPERTIES OF NORTH FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

12297 HIDDEN HILLS DR

Suite, Apt. #, etc.

3. Mailing Office Address

12297 HIDDEN HILLS DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32225

Country

Orange

Zip

32225

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1996

5. FEI Number

593393142

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

Peter J Stephens

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

12297 HIDDEN HILLS DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32225

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Peter J Stephens

REGISTERED AGENT MUST SIGN

Date

11/11/09

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
President	Peter J Stephens	12297 HIDDEN HILLS DR	JACKSONVILLE FL 32225

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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:

Peter J Stephens

PETER J. STEPHENS

Date

11/11/2009

Daytime Phone #

904 614 1235