

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000049920

1. Corporation Name

SOUTHERN BUSINESS MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4110 SOUTHPOINTE BLVD.  
SUITE 108  
JACKSONVILLE FL 32216

4110 SOUTHPOINTE BLVD  
SUITE 122  
JACKSONVILLE FL 32216

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1996

5. FEI Number

59-3387294

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DEV	VALENTINI, TODD	4110 SOUTHPOINTE BLVD. SUITE 108	JACKSONVILLE FL 32216
V	CURTIS, DANIEL	4110 SOUTHPOINTE BLVD.	JACKSONVILLE FL 32216
VP	Steve Hamilton	136 willow Pond	Ponte Vedra, Fla 32082
V.P.	mc transueck	2216 Smokehouse Ct	Longwood, Fla 32779
Pres	R. W. Bridges	136 willow Pond	Ponte Vedra, Fla 32082

8. Name and Address of Current Registered Agent

BRIDGES, RONALD W  
4110 SOUTHPOINTE BLVD.  
SUITE 108  
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

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 11/16/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-98

Date

904-276-0006

Daytime Phone #

CR2E040 (9/98)