

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000096856

1. Corporation Name

MATTHEW W. SOWELL, P.A.

Principal Place of Business

Mailing Address

~~ONE INDEPENDENT DRIVE #3204~~  
JACKSONVILLE FL 32202

~~ONE INDEPENDENT DRIVE #3204~~  
JACKSONVILLE FL 32202

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.

ONE INDEPENDENT DRIVE, SUITE 3220

ONE INDEPENDENT DRIVE, SUITE 3220

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

10/01/1996

SP

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3400108

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	City / State / Zip 4
D	SOWELL, MATTHEW W	ONE INDEPENDENT DRIVE #3204	JACKSONVILLE FL 32202
			600003095406--3
			-01/12/00--01005--023
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SOWELL, MATTHEW W  
~~ONE INDEPENDENT DRIVE #3204~~  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

ONE INDEPENDENT DRIVE

Suite, Apt. #, Etc.

SUITE 3220

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

*Matthew Sowell*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/31/99

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:

*Matthew Sowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/99

Daytime Phone #

904-358-9000