

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

97 DEC -5 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101854

1. Corporation Name

The Maritime Group of Jacksonville, Inc.

Mailing Address

2000 Corporate Square Blvd.  
Jacksonville, FL 32245

Principal Place of Business

2000 Corporate Square Blvd.  
Jacksonville, FL 32245

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date incorporated or Qualified  
To Do Business in Florida

December 17, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3422712

Not Applicable

Zip

Country

Zip

Country

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
D	Donald S. Freedman, M.D.	8006 Oak Hammock Court	Jacksonville, FL 32256
D	Roy D. Griffin	837 Acapulco Road	Jacksonville, FL 32216
D/P	Lowell D. Harmon	2000 Corporate Square Blvd.	Jacksonville, FL 32245
D	Robert R. Lee	2000 Corporate Square Blvd.	Jacksonville, FL 32245
D/VP	An End McQuaig	2741 Racetrack Road	St. Augustine, FL 32095
D	James H. Meade, Jr.	230 Coquina Avenue	St. Augustine, FL 32095

8. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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

\*\*\*200.00

\*\*\*200.00

\*\*\*550.00

\*\*\*550.00

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

Laura R. Dunlap, as agent  
REGISTERED AGENT MUST SIGN

Date

12/5/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for  
additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Leslie G. Kritzman

Leslie G. Kritzman

12-14-97

904-724-2864

20/2

## CONTINUATION OF OFFICERS AND DIRECTORS

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D/VP	John M. Van Brocklin, M.D.	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245
D	Mitchell Kinsey	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245
S/T	Linda L. Harmon	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245
AS/AT	Leslie Kritzman	2000 Corporate Sq. Blvd.	Jacksonville, FL 32245