

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000049589

1. Corporation Name

NEW BERLIN PROPERTY, INC.

FILED

99 MAR 16 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6741 Lloyd Road W. One Independent Drive #2301
Jacksonville, FL 32254 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

SEE ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-3462672

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D,P	Shelley C. Williford	6741 Lloyd Road W.	Jacksonville, Florida 32254
D,VP	Johnna K. Betros	6741 Lloyd Road W.	Jacksonville, Florida 32254
D,ST	John David Coxwell	6741 Lloyd Road W.	Jacksonville, Florida 32254

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Daniel D. Akel, Esquire
One Independent Drive, Suite 2301
Jacksonville, Florida 32202

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Daniel D. Akel REGISTERED AGENT MUST SIGN

Date 3-15-99

11. This corporation owes 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)(f), 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:

Johnna K. Betros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHNA K. BETROS, Vice President

3/10/99

Date

(904) 786-1120

Daytime Phone #