

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 JAN -6 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053138

1. Corporation Name

GRAPHIC PROPERTIES OF NORTH FL. INC

Principal Place of Business

Mailing Address

533 10 AVE N
JACKSONVILLE BEACH FL 32250

533 10 AVE N
JACKSONVILLE BEACH FL 32250

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1997

5. FEI Number

59-3547274

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)

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
PD	MULLIGAN, PATRICK E	533 10 AVE N	JACKSONVILLE BEACH FL 32250

500002735935--0
-01/11/99--01011--025
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLIGAN, PATRICK E
533 10 AVE N
JACKSONVILLE BEACH FL 32250

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Patrick E. Mulligan
REGISTERED AGENT MUST SIGN

Date 12-29-98

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:

Patrick E. Mulligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-98 246-6801
Date Daytime Phone #

CR2ED40 (9/98)

2d2



Professional Business Solutions, Inc.

P. O. Box 50364
1125 13th Avenue, North
Jacksonville Beach, Fl 32250-3636

Fax 904-249-3657

Telephone 904-247-8321

December 30, 1998

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

F.E.I. 59-3547274

Re: Graphic Properties of North Fl., Inc.
1998 Profit Corporation Annual Report

To Whom It May Concern:

My firm, Professional Business Solutions, Inc. represents Graphic Properties of North Fl., Inc. in tax matters.

Please be advised my client, Graphic Properties of North Fl., Inc. **never received a first notice** or any other notice of an annual report being due.

I feel \$750.00 is an excessive fee in this case. I am asking you please to accept the fee of \$150.00 and have this corporation remain in effect.

I am enclosing my client's check for \$150.00 made payable to Florida Department Of State.

Thank you very much. Please let me know if you have further questions by contacting me at the phone number above.

Sincerely,

Michealyn C. Adams
President

Enclosures