

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 14 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101261

1. Corporation Name

REGINALD ESTELL, JR. P.A.

2. Principal Office Address - No P.O. Box #

505 N. Liberty Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Office Address

505 N. Liberty Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

USA

REINSTATEMENT

01-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12-2-97

5. FEI Number

59-3480265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Reginald Estell, Jr.

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

505 N. Liberty Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/1/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Reginald Estell, Jr.	505 N. Liberty Street	Jacksonville, FL 32202

300103506939
05/30/07--01021--005 **1050.00

10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reginald Estell, Jr.

Date

5/1/07

Daytime Phone #

904 256-7343