

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002721018--8
-12/23/98--01066--015
****750.00 ****750.00



DOCUMENT # P97000103969

1. Corporation Name

STANFORD COMPANY OF JACKSONVILLE, INC.

Principal Place of Business

2005 DAHLIA RD
JACKSONVILLE FL

Mailing Address

2005 DAHLIA RD
JACKSONVILLE FL

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1997

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	STANFORD, GWENDOLYN	2005 DAHLIA RD	JACKSONVILLE FL
VD	STANFORD, JAMES C	2005 DAHLIA RD	JACKSONVILLE FL
VD	STANFORD, APRIL	2005 DAHLIA RD	JACKSONVILLE FL
VD	STANFORD, JAY P	2005 DAHLIA RD	JACKSONVILLE FL
STD	STANFORD, DANA	2005 DAHLIA RD	JACKSONVILLE FL

REINSTATEMENT

98

12-18-98

8. Name and Address of Current Registered Agent

STANFORD, JAMES
2005 DAHLIA RD
JACKSONVILLE FL

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

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

James C Stanford
REGISTERED AGENT MUST SIGN

Date

12-9-98

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:

James C Stanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-98

Daytime Phone #

CR2E040 (9/98)