

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108381

1. Corporation Name

COIT SERVICES OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1145-4 MILLER ST  
ORANGE PARK FL 32073

1145-4 MILLER ST  
ORANGE PARK FL 32073

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3483196

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
VP	CAJAL, SANDRA M	1145-4 MILLER ST	ORANGE PARK FL 32073
P	CAJAL, SALVADOR	1145-4 MILLER ST	ORANGE PARK FL 32073
GM	RHONEY, SIDENY A	1145 4 MILLER ST	ORANGE PARK FL 32073

8. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR.  
1279 KINGSLEY AVE. STE. 117  
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name Salvador Cajal  
Street Address (P.O. Box Number is Not Acceptable)  
1145-4 Miller St.  
Suite, Apt. #, Etc.

City Orange Park

State  
**FL**

Zip Code  
32073

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. or 617.0505, F.S.

Signature of  
Registered Agent

Sal Cajal  
REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)



*Experience You Can Trust.*

1145-4 Miller Street • Orange Park, FL 32073

October 14, 2003

Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

To: Division of Corporations  
RE: Document Number P97000108381

COIT Services of Jacksonville, Inc. did not receive the prior UBR notices. Therefore we are requesting a reinstatement which is enclosed with this letter along with \$150.00 fee.

If you have any questions or concerns, please call me at (904)264-2411.

Sincerely,

Sal Cajal  
President