

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR



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

DOCUMENT # P98000040947

1. Corporation Name

HAMPTON/DOYLE REALTY GROUP, INC.

Principal Place of Business

Mailing Address

166 A1A NORTH
PONTE VEDRA BEACH FL 32082

166 A1A NORTH
PONTE VEDRA BEACH FL 32082

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

05/06/1998

5. FEI Number

59-3509079

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	4 City / State / Zip
D	DOYLE, JOHN A	3341 PINTAIL DR NORTH	JACKSONVILLE BEACH FL 32250

8. Name and Address of Current Registered Agent

DOYLE, JOHN A
3804 HARBOR DRIVE
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name
JOHN A. Doyle
Street Address (P.O. Box Number is Not Acceptable)
3341 PINTAIL DR. N
Suite, Apt. #, Etc.
City
Jacksonville Beach FL 32250

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

REGISTERED AGENT MUST SIGN

Date 10-12-01

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

JOHN A. Doyle

10-12-01

904-543-1112

Date

Daytime Phone #

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HAMPTON/DOYLE MORTGAGE & REALTY
WWW.NAVIGATEREALSTATE.COM

166 HIGHWAY A1A NORTH
PONTE VEDRA BEACH, FL 32082
904-543-1112
904-285-6663 (FAX)
888-875-6211 (TOLL FREE)

OCTOBER 25, 2001

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
CORPORATE RECORDS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR SIR/MADAM

ENCLOSED IS MY APPLICATION FOR REINSTATEMENT. I MAILED IN THE FIRST REPORT AS SOON AS I RECEIVED IT, WHICH WAS AFTER THE MAY FIRST DEAD LINE. THE FIRST REPORT WAS RECEIVED AFTER THE MAY FIRST DEAD LINE. SINCE THE MAILING OF THAT FIRST REPORT I HAVE HEARD NOTHING FROM YOUR OFFICE.

PLEASE WAIVE LATE FEES.

MY CHECK FOR \$150 HAS BEEN CASHED BY THE DIVISION OF CORPORATIONS. THANK YOU IN ADVANCE FOR YOUR CONSIDERATION.

JOHN A. DOYLE

166 HIGHWAY A1A NORTH
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA