

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 10 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000044404

1. Corporation Name

Neptune Financial Services, Inc.

W01-27460

2. Principal Office Address

812 Barbara Lane

3. Mailing Office Address

Suite, Apt. #, etc.

XXXXXXXXXXXXXXXXXX

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Zip

32250

Country

Duval

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3510102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph R. Reisenauer

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

812 Barbara Lane

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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

Joseph R. Reisenauer
REGISTERED AGENT MUST SIGN

Date

11-12-01

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/S/T D	Remonia S. Reisenauer	812 Barbara Lane	Jacksonville Beach, FL 32250
D	Joseph R. Reisenauer	812 Barbara Lane	Jacksonville Beach, FL 32250
D	Amber L. Myrick	812 Barbara Lane	Jacksonville Beach, FL 32250

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 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

11-8-01 4455
904-241-8247

Daytime Phone #