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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 16228
JACKSONVILLE, FL 32245

217 Sapelo Rd Jacksonville FL 32216

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

ss in Florida
OCT 2, 1998

5. FBI Number 742886358

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
pres.	Robert T. S. NORMAN	217 Sapelo Rd	JACKSONVILLE, FL 32216
			300003067183--5 -12/13/99--01006--002 ****150.00 ****150.00
			Sp

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Robert S. NORMAN

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

217 Sapele Ra

Suite, Apt. #, Etc.

City JACKSONVILLE

State
FL

Zip Code

32216

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Nov 1, 1999

11. This corporation owes 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:

Robert L. Noman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99
Date

904-726-5476
Daytime Phone #

②

NORTH FLORIDA PAINT CO.

P.O. Box 16228 Jacksonville, FL 32245
Office- 904-726-5476 Fax- 904-725-0424

Painting—Coatings—Waterproofing—OSHA Certified Lead Removal
Wallcovering—Pressure Washing—Sandblasting

November 1, 1999

Fla Dept of State
Div. of Corporations

Dear Madam:

As per our telephone conversation, enclosed you will find our reinstatement form.

We mailed to you a letter of change of address in March 1999. You said that you did not receive it, and you mailed us an annual report form in April, 1999 and it was returned to you, and then you mailed a second one which was also return to you.

The above is the reason why it was not sent to you on time for renewal, but you could have sent it to our P.O. Box which is listed on our corporate papers.

Thank you for sending the reinstatement form and our check for \$150.00 along with the form is enclosed as we discussed.

Sincerely yours,


Robert Norman

RN/kk

Encl.