

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

99 DEC -9 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095250

1. Corporation Name

J.M. WEBB & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~4191 SAN JUAN AVE.~~
JACKSONVILLE FL 32210

~~4191 SAN JUAN AVE.~~
JACKSONVILLE FL 32210

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.
4244 St. Johns Avenue

Suite, Apt. #, etc.
4244 St. Johns Avenue

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

Zip
32210

Country

Zip
32210

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1998

5. FEI Number

59-3541153

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	WEBB, J.MICHAEL	3881 HOLLINGSWORTH ST.	JACKSONVILLE FL 32205
D	WEBB, S. ELIZABETH	3881 HOLLINGSWORTH ST.	JACKSONVILLE FL 32205

400003078254--0
-12/22/99--01077--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBB, J.MICHAEL

~~4191 SAN JUAN AVE.~~
JACKSONVILLE FL 32210

Name

Webb, J. Michael

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

4244 St. Johns Avenue

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

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

J. Michael Webb

REGISTERED AGENT MUST SIGN

Date

12-6-99

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:

J. Michael Webb

J. Michael Webb

Date

12-6-99

Daytime Phone #

KE
904-
381-9800

CR2ED40 (8/99)