

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108116

1. Corporation Name

SAWGRASS PARTNERS II, INC.

Principal Place of Business

Mailing Address

1 INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE FL 32202

1 INDEPENDENT DRIVE
SUITE 2401
JACKSONVILLE FL 32202

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

2. New Principal Office Address, If Applicable
Same

3. New Mailing Office Address, If Applicable
Same

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3550148

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
Pres.	Alan E. Dickinson	1 Independent Dr., #2401	Jacksonville, FL, 32202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH HOLSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

Name F & L Corp.

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

200 Laura Street

Suite, Apt. #, Etc.

City Jacksonville

State FL

Zip Code 32202

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

Charles V. Helich

REGISTERED AGENT MUST SIGN

Authorized Signature

Date 10/26/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alan E. Dickinson, President

10-22-99

Date

(904) 358-1206

Daytime Phone #

KE