PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 APR -8 PM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005397**

1. Corporation Name

JAMES L. PADGETT, P.A.

REINSTATEMENT 01-02

Principal Place of Business	Mailing Address
10 CENTRAL AVE. CRESENT CITY FL 32112	10 CENTRAL AVE. CRESENT CITY FL 32112

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
3 North Summit Street	3 North Summit St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crescent City, FL	City & State: Crescent City, FL
Zip: 32112 Country:	Zip: 32112 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/14/1999

5. FEI Number: 59-3551320 ☐ 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	PADGETT, JAMES L JR.	~~10 CENTRAL AVE.~~ 3 N. Summit Street	CRESENT CITY FL 32112
			000005492670--4 -05/08/02--01068--021 ****158.75 ****158.75
			000005492670--4 -05/08/02--01068--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PADGETT, JAMES L
10 CENTRAL AVE.
CRESENT CITY FL 32112

9. Name and Address of New Registered Agent

Name: James L. Padgett
Street Address (P.O. Box Number is Not Acceptable): 3 North Summit Street
Suite, Apt. #, Etc.:
City: Crescent City, FL 32112 State: FL Zip Code: 32112

CR2E040 (8/01)

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 Padgett Date: 2/12/02
REGISTERED AGENT MUST SIGN

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 Padgett James L. Padgett/2/12/02 386-698-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #