

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000018918

1. Corporation Name

NORTH FLORIDA TRANSMISSION OF JACKSONVILLE, INC

Principal Place of Business

Mailing Address

113 LA PASADA CIR. NORTH
PONTE VEDRA BCH FL 32082

113 LA PASADA CIR. NORTH
PONTE VEDRA BCH FL 32082

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

4711 Blanding Blvd.
Suite, Apt. #, etc.

4711 Blanding Blvd.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32210 USA

Zip

Country

32210 USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

Applied For

59-3565000

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D, P	PURDUM, JOHN	113 LA PASADA CIR. NORTH	PONTE VEDRA BCH FL 32082
			4/23/00 90031/043

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PURDUM, JOHN
113 LA PASADA CIR. NORTH
PONTE VEDRA BCH FL 32082

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00

(904) 777-1746
Date Daytime Phone #

FILED

00 OCT 30 PM 1:15

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA



1082

CR20040 (8/00)

LS

2082

NORTH FLORIDA TRANSMISSION OF JACKSONVILLE, INC.
4711 BLANDING BLVD.
JACKSONVILLE, FLORIDA 32210
(904) 777-1766

October 24, 2000

Florida Department of State
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, Florida 32314-6327

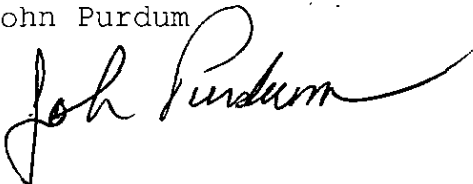
REGARDING: Application for Reinstatement

I do not understand why I never received and other notices before this notice. The original report was filed and paid on April 17, 2000. If additional information was required to be sent before now, I not notified? Is there any way in resolving this issue and waive the additional fee of \$600.00 when I was never notified before now?

Please contact me at the above number or address.

President

John Purdum

A handwritten signature in cursive script that reads "John Purdum". The signature is written in dark ink and is positioned below the printed name "John Purdum".