




Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P99000035071 1. Corporation Name MRE OF Jax, Inc			
Principal Place of Business Mailing Address 1425 Caddell Road Jacksonville, FL 32217 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable SEE ABOVE Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 4-99		5. FEI Number 59-3570144 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 35.75 Additional Fee required for a Certificate of Status		REINSTATEMENT 00	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Mark Rowden	1425 Caddell Road	Jacksonville, FL 32217
VP, S/D	Debra Hill	1425 Caddell Road	Jacksonville, FL 32217
10/10/18			
8. Name and Address of Current Registered Agent Debra Hill 2025 SAHAWK Circle Ponte Vedra Beach, FL 32082		9. Name and Address of New Registered Agent Name: Debra Hill Street Address (P.O. Box Number is Not Acceptable): 1425 Caddell Road Suite, Apt. #, Etc.: Jacksonville City: Jacksonville State: FL Zip Code: 32217	
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:  Date: 10-13-00 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(b), 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		(904) 545-0495 Date: _____ Daytime Phone #: _____	

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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