## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HARDWICK LAND CO.

Principal Place of Business Marting Address 5472 Park 61 Suite 13

FILED 01 FEB 19 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE ELORIDA

If above addresses are incorrect in any way. line through incorrect information and enter correction below.  2. New Principal Office Address. If Applicable P.O. Box 3000  Suite, Apt. #. etc.  Suite, Apt. #. etc.  City & State  City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Amelia Island, Florida  Country  Nassau  Country  Nassau  Country  Nassau  Title(s)  Title(s)  James O. Hardwick  Director  Suite Addresses of Each Officer and/or Directors  Officer and/or Directors  Officer and/or Director  Amelia Island, Floride  One Independent Drive	Amel	ia Isla	nace , buice and, Florida	32034	,	•	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MODELIL	UNIUA		
2. New Principal Office Address. If Applicable P.O. Box 3000  Suite. Apr. 4. etc.  Suite. Apr. 4. etc.  Suite. Apr. 4. etc.  City & State  Country  City & State  City & State  Country  City & State  City & State  Country  City & State  Country  City & State  Country  Country  City & State  Country  City & State  Country  Country  City & State  Country  Country  Country  Country  City & State  Country  Nass and Country  Servet Address of Each  City / State / Zip  Amelia Island, FLc3203  Amelia Island, FLc3203  City / State / Zip  City / Zi	11												
2. New Principal Office Address. If Applicable P.O. Box 3000  Suite. Apt. 4. etc.  Suite. Apt. 4. etc.  City & State  City & State  City & State  Country  C						-							
Suite, Apt. #, etc.  Suite, Ap									<del></del>	·			
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Amelia Island, Florida  Zip 2034   Country   Nassau   GERT:FICATE OF STATUS DESIRED  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Title(s)   Name and Officers   Street Address of Each Officer and/or Directors   One Nort Use Post Office Box Numbers)   4   City / State / Zip    PD James O. Hardwick   Suite 13   Amelia Island, FL032034    S Edward C. Akel   One Independent Drive   Suite 2301   Jacksonville, FL 32202    S Edward C. Akel   Suite 2301   Jacksonville, FL 32202    S Name and Address of Current Registered Agent   Sireet Address of New Registered Agent   Name   Sireet Address of New Registered Agent   Name   Sireet Address (P.O. Box Number's Not Acceptable)   Suite, Apt. **, Etc.   State   Zip Code    S Sixeet Address (P.O. Box Number's Not Acceptable)   Suite, Apt. **, Etc.   State   Zip Code    S State   Zip Code   State   Zip Code   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   Suite, Apt. **, Etc.    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixeet Address (P.O. Box Number's Not Acceptable)   State   Zip Code    Sixee	City & State							4		·	<u> </u>	<del></del>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Title(s) 2 Name of Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip  PD James O. Hardwick 5472 Park Place Suite 13 Amelia Island, FL 32034  S Edward C. Akel One Independent Drive Suite 2301 Jacksonville, FL 32202  S Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent Placksonville, Florida 32202  S Name and Address of Suite 2301 Street Address of New Registered Agent Name  S Name S Not Acceptable Suite 2301 Street Address (P.O. Box Number is Not Acceptable)  S Site Address (P.O. Box Number is Not Acceptable)  S Site Address (P.O. Box Number is Not Acceptable)  Suite, Apt. *, Etc.					Amelia Island, Flori								
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Title(s) 2 and/or Directors 3 (On NOT Use Post Office Box Numbers) 4 City / State LZip  PD James O. Hardwick 5472 Park Place Suite 13 Amelia Island, FL 3203.  S Edward C. Akel One Independent Drive Suite 2301 Jacksonville, FL 32202  S Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  Edward C. Akel One Independent Drive, Suite 2301 Jacksonville, Florida 32202  Sireet Address (P.O. Box Number is Not Acceptable) Site Zip Code  Site Zip Code  Site Zip Code  Site Zip Code  FL Site Zip Code	7. Names a	and Street Add	resses of Each Officer and/	or Director (Flor	rida nonprof			ast 3 directors)		<del></del>			
Suite 13  Amelia Island, FLo3203  Sedward C. Akel  One Independent Drive Suite 2301  Jacksonville, FL 32202  Spon 3811095 - 8 -03/08/0101015001 ****300.00 *****300.00  *****300.00 *****300.00  Spon 3811095 - 8 -03/08/0101015002 **********************************		2			3 (D	Off	ficer and/or Directo	r	4	City / State	<i>L-</i> Zip		
S Edward C. Akel  One Independent Drive Suite 2301  Jacksonville, FL 32202  500038110358 -03/08/01-01015-001 ****300.00 ****300.00  *****300.00 *****300.00  500038110358 -03/08/01-01015-002 ***********************************						5472 Park Place							
S Edward C. Akel  Suite 2301  Jacksonville, FL 32202  50003811095-8 -03/08/01-01015-1001 ****300.00 ****300.00  50003811095-8 -03/08/01-01015-002 ***********************************	PD	James	O. Hardwick		Suit	e 13			Amelia	Island	, FLo	32034	
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****300.00 ****300.00  500038110958  00-01020******8.75  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Edward C. Akel One Independent Drive, Suite 2301 Jacksonville, Florida 32202  Street Address (P.O. Box Number is Not Acceptable)  State Zip Code  FL					٠			51	၁၀၀၀၀	38110	195		
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Edward C. Akel One Independent Drive, Suite 2301 Jacksonville, Florida 32202  Name  Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc.  City  State   Zip Code   FL	÷						00 -	014			******* 	102 \$8.75	
Edward C. Akel One Independent Drive, Suite 2301 Jacksonville, Florida 32202  Suite. Apt. #, Etc.  City  State   Zip Code   FL	8. Name and Address of Current Registered Agent							9. Name and A	Address of New	Registered Age	ent		
One Independent Drive, Suite 2301  Jacksonville, Florida 32202  Suite. Apt. #, Etc.  City  State   Zip Code   FL	Edwa	rd C.	Akel		,-		Name	,					
City State Zip Code	One Independent Drive, Suite 2301						Street Address (	P.O. Box Number	is Not Acceptabl	e)			
City State Zip Code	Jacksonville, Florida 32202						Suite, Apt. #, Etc	<u>.                                    </u>		<u></u>			
					• ,		City	· 	· · · ·	State	Zip Code		
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.													
	10. I, being	appointed the	registered agent of the above	re named corpo	ration, am f	amiliar wi	th and accept the o	bligations of Secti	on 607.0505, F.S				
Signature of Registered Agent Oate 2/16/01  REGISTERED AGENT MUST SIGN			Lund (	GISTERED AGI	ENT MUST	- SIGN	<u> </u>	<del></del>	Date 🛅	2/	16/01	<u> </u>	
	11 Th	io` ooroo		<u> </u>						1		<del>  </del>	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No						30.	Yes	□ No □	]			1011	
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 filling 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	12. I certify I	that I am an o	flicer or director or the receiv	er or trustee em	powered to	execute	this application as	provided for in cha	pter 607 or 617.	F.S. I further ce	rtify that w	hen filing	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01 904 356 6311

Daytime Phone #

page zon

## HOLBROOK, AKEL. COLD, STIEFEL & RAY, P.A.

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2301

JACKSONVILLE, FLORIDA 32202-5059

February 16, 2001

TELEPHONE (904) 356-6311

FACSIMILE (904) 356-7330

KATHLEEN HOLBROOK COLD DANIEL D. AKEL H. LEON HOLBROOK, III JOHN R. STIEFEL, JR. THOMAS R. RAY

H. LEON HOLBROOK EDWARD C. AKEL

By Federal Express

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

Attention: Corporate Filing Department

Re: Application for Reinstatement; Hardwick Land Co.

Dear Ladies and Gentlemen:

We need you to take special care with the enclosed Application for Reinstatement.

First, according to the Secretary of State, there is a basis for requesting waiver of the reinstatement fee. The reason for this is that Hardwick Land sent a check for \$150.00 and the 2000 Annual Report in a timely manner, but the Secretary of State cannot find the 2000 Annual Report. The Secretary of State has a record of receiving the \$150.00 payment, however.

Accordingly, please give this letter to the Secretary of State as our request for a waiver of the \$600.00 reinstatement fee.

If the Secretary of State agrees to waive the fee, then the total amount required to file this Application for Reinstatement and to obtain a Certificate of Status is \$308.75. There are three checks enclosed. One for \$300.00, one for \$8.75 and one for \$600.00.

If the waiver is approved, please return the \$600.00 check. If the waiver is not approved, please use the \$600.00 check along with the other checks to have this corporation reinstated.

Finally, please ask the Secretary of State to accept this letter as a request for refund of the \$150.00 paid previously but not credited toward the 2000 Annual Report.

Thank you for your assistance and cooperation.

Very truly yours,

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EDWARD C. AKEL

ECA/lm Enclosures

cc: Mr. James O. Hardwick