

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000094578**

1. Corporation Name

POE & POE ENTERPRISES, INC.

Principal Place of Business

3392 MARBON ROAD
JACKSONVILLE FL 32223

Mailing Address

3392 MARBON ROAD
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

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

10/25/1999

5. FEI Number

59-3611397

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
PD	POE, CORD	3392 MARBON ROAD	JACKSONVILLE FL 32223
VSTD	POE, CYNTHIA	3392 MARBON ROAD	JACKSONVILLE FL 32223

8. Name and Address of Current Registered Agent

POE, CORD
3392 MARBON ROAD
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-15-03

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

10-15-03 (904) 509-5407

Date

Daytime Phone #



FILED
03 OCT 21 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)



PH: 904.509.5407 FAX: 904.292.1540

From: Cord T. Poe

Date: 10/15/03

To whom it may concern,

Poe & Poe Enterprises Inc did not receive the two prior uniform business report notices mailed out earlier this year.

Cord T. Poe - President