

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

①

DOCUMENT # P99000106776

1. Corporation Name

DELMAR E. PARTRIDGE, INC.

00 NOV -3 PM 2:38

Principal Place of Business

238 W. KING STREET
ST. AUGUSTINE FL 32095

Mailing Address

238 W. KING STREET
ST. AUGUSTINE FL 32095

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3615309

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	DELMAR E. PARTRIDGE	238 W. KING ST.	ST. AUGUSTINE, FL 32094

900003473479--9
-11/21/00--01111--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

EBERLING, ROBERT A
1400 OLD DIXIE HIGHWAY
SUITE E
ST. AUGUSTINE FL 32086

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.

Signature of
Registered Agent

ROBERT A. EBERLING
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:

DELMAR E. PARTRIDGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-00

Daytime Phone #

823-3308

(404) 238

(2)

Delmar E. Partridge, Inc.
238 W. King St.
St. Augustine, FL 32084
(904) 823-3300

October 24, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 2000 Corporation Annual Report-Doc. No. P99000106776

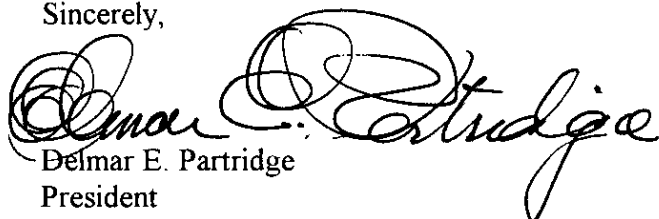
Ladies and Gentlemen:

We received the notice regarding dissolution of the corporation due to failure to file the 2000 corporation annual report. This is the first such notification we received concerning our requirement to file this report. We do not know why the original forms were not received, but the post office changed many zip codes in our area this year, and perhaps this affected delivery. This corporation was organized in December, 1999 and did not begin operations until April, 2000. As a new corporation in the state of Florida, we did not know that we were required to file by May 1 and, not having received the original form or the second request, we were shocked that the corporation has been dissolved.

Enclosed is our Application for Reinstatement and our check for the original fee of \$150. We ask your indulgence in reviewing these circumstances to see if the penalties for reinstatement can be reduced or eliminated.

Thank you for your assistance.

Sincerely,


Delmar E. Partridge
President