

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 20 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30244

1. Corporation Name

N5530J, INC.

Principal Place of Business

Mailing Address

4114 HERSCHEL ST.
JACKSONVILLE FL 32210

4114 HERSCHEL ST. #107
JACKSONVILLE FL 32210

c/o Brooks Holland

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

Suite, Apt. #, etc.
Ste. 107

Suite, Apt. #, etc.
Suite 107

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1991

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED L

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
PD	HOLLAND, JOHN ROB	4114 HERSCHELL ST Herschel St. #107	JACKSONVILLE FL 32210
STD	LUDWIG, JEFFREY R.	4114 HERSCHELL ST.	JACKSONVILLE FL
STD	Holland, Rob William	4114 Herschel St. #107	Jacksonville, FL 32210

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

LUDWIG, JEFFREY R.
6620 SOUTHPPOINT DR S
STE 200
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name Brooks H. Holland
Street Address (P.O. Box Number is Not Acceptable)
4114 Herschel St. #107
Suite, Apt. #, Etc.
City Jacksonville
State FL Zip Code 32210

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

Brooks H. Holland SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-15-99

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

SIGNATURE:

Rob Wm. Holland SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rob Wm. Holland

Date

12-15-99

Daytime Phone #

904-388-311

KE