

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV -1 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S37441**

1. Corporation Name

**E A PROPERTIES, INC.**

Principal Place of Business

1580 S. WOODLAND BLVD.  
DELAND FL 32720

Mailing Address

1580 S. WOODLAND BLVD.  
DELAND FL 32720

\* 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

03/12/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

6.

CERTIFICATE 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 of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip  |
|----------|--------------------------------------|---|---|
| 1        | 2                                    | 3   | 4   |
| D        | ERNEST, ALBERT III                   | 1580 S. WOODLAND BLVD.  | DELAND FL   |
|          |                                      |   |   |
|          |                                      |   |   |
|          |                                      |   | 300002000133--2<br>-11/08/96--01029--018<br>****175.00 ****175.00 |
|          |                                      |   | 300002000133--2<br>-11/08/96--01029--018<br>****200.00 ****200.00 |
|          |                                      |   |   |

8. Name and Address of Current Registered Agent

RAX CO.  
C/O MAHONEY ADAMS & CRISER, P.A.  
50 N. LAURA ST, 3400 BARNETT CENTER  
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

RAX CO. SIGN

XXXXXXXXXXXXXX

REGISTERED AGENT MUST SIGN

Gregory K. West, V.P.

Date 9-30-96 10-31-96

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone