

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S40719**

1. Corporation Name

SABLESTONE, INC.

Principal Place of Business

7380 PHILIPS HWY
SUITE 200
JACKSONVILLE FL 32256
US

Mailing Address

7380 PHILIPS HWY
SUITE 200
JACKSONVILLE FL 32256
US

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

03/20/1991

SP

5. FEI Number

59-3061234

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STILL, RICHARD S	7380 PHILIPS HWY, STE 200	JACKSONVILLE FL 32256
P	BRADY, DALE J	7380 PHILIPS HWY, STE 200	JACKSONVILLE FL 32256
D	OTTENSTROER, DUANE	1301 RIVER PLACE BLVD-SUITE 2340	JACKSONVILLE FL
S	BARKER, JAMES M. I	1820 STATE RD. 13, STE 1	JACKSONVILLE FL
			900003744879--3 -02/21/01--01035--011 ****900.00 ****900.00

8. Name and Address of Current Registered Agent.

ALLEN, BRINTON & SIMMONS, P.A.
3220 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **Stonebunna, Beery & Simmons, P.A.**

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

225 Water Street

Suite, Apt. #, Etc.

SUITE 2050

City

Jacksonville

State

FL

Zip Code

32202

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

Sidney S. Simmons, Esq. Vice President
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dale S. Brady

4/31/01
Date

(904) 296-1225
Daytime Phone #

CR2E040 (8/00)