

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S84487**

1. Corporation Name

THE BINDERY OF JACKSONVILLE, INC.

Principal Place of Business

3805 UNIVERSITY BLVD. WEST
JACKSONVILLE FL 32217
US

Mailing Address

3805 UNIV BLVD W
JACKSONVILLE FL 32217
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

10/01/1991

5. FEI Number

59-3084948

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
VP	HALL, STEVE	80 THE FOUNTAINS	PONTE VEDRA FL 32219 <i>delete</i>
TS	ALT, JEFFREY C.	702 MOORE AVENUE	JACKSONVILLE FL
PRES	MAGUIRE, WILLIAM J	3853 HOLLINGWORTH STREET	JACKSONVILLE FL 32205

000024533700

11/13/03--01025--014 **750.00

8. Name and Address of Current Registered Agent

MAGUIRE, WILLIAM J.
3805 UNIVERSITY BLVD W
JACKSONVILLE FL 32717

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

William Maguire
REGISTERED AGENT MUST SIGN

Date

11/11/03

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:

William Maguire President 11/11/03 9047578034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)