

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V07208

1. Corporation Name

SAXELBYE ARCHITECTS, INC.

Principal Place of Business

Mailing Address

~~201 N HOGAN ST~~  
JACKSONVILLE FL 32202

~~201 N HOGAN ST~~  
~~JACKSONVILLE FL 32202~~

(See below)

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.

510 JULIA STREET

Suite, Apt. #, etc.

P.O. Box 19916

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32202

Country

DUVAL

Zip

32245

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1992

5. FEI Number

59-3109101

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	PONDER, LARRY N.	<del>201 N HOGAN ST</del> P.O. Box 19916	JACKSONVILLE FL 32245
		50 - 35th AVE SOUTH JACKSONVILLE BEACH, FL	32250
D	DONALD KLUGE	510 HOGAN STREET	JACKSONVILLE, FL 32202
			900025858019 12/30/03--01031--018 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PONDER, L N  
201 N HOAN ST  
STE 400  
JACKSONVILLE FL 32202

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

*Larry N. Ponder*  
REGISTERED AGENT MUST SIGN

Date 12-20-2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904  
12-20-2003 631-1369

CR2EDM0 (7/03)